DOCUMENT RESUME

ED 149 870 PS 009 775

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TITLE The Child Development Program Evaluation: Its Past, Present, and Future.
PUB DATE Dec 77
NOTE 129p.; Paper presented at the American Public Welfare Associations National Conference (Washington, D.C., December 1977); Not available in hard copy due to marginal legibility of original document and small print size of appendices

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS Certification; Child Care; *Day Care Services; *Early Childhood Education; *Evaluation Methods; Government Role; *Measurement Instruments; Program Coordination; *Program Evaluation; Public Policy; State Government; *State Programs; State Standards
IDENTIFIERS *Child Development Program Evaluation; *Pennsylvania

ABSTRACT

This paper describes the Child Development Program Evaluation (CDPE) instrument designed to assess the overall operation and quality of all Title XX day care services in Pennsylvania. The administrative organization of child welfare services in Pennsylvania and the regionalized structure of day care services within this organization are described. Until 1976 there was little coordination of the licensing and monitoring of day care services between regions. The CDPE instrument was developed to provide a consistent evaluation of all day care services. The CDPE instrument is divided into four parts. Part 1, to be completed by the regional Program Specialist before the on site review, includes a list of forms and documents to be used in the review. Part 2 contains one questionnaire to be completed by the center director or another appropriate staff member and a second questionnaire to be completed by the chief officer of the center's governing body. Part 3 consists of questions related to records and files kept by the center and a questionnaire for parents. Part 4 consists of the site tour information and two caretaker interviews. The content of the instrument covers 16 areas related to the child care services such as administration, health care, physical environment, transportation, special services. All of the forms used in the evaluation are included with the paper. (BD)

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ED149870

THE CHILD DEVELOPMENT PROGRAM EVALUATION ITS PAST, PRESENT, AND FUTURE*

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PS 009273

December, 1977

* Paper presented at the American Public Welfare Associations National Conference in Washington, D.C., December, 1977. The Child Development Program Evaluation was selected as one of twelve projects nationally as a demonstration project to be presented at the APWA National Round Table in Washington, D.C.

THE CHILD DEVELOPMENT PROGRAM EVALUATION
ITS PAST, PRESENT AND FUTURE

BY
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Under the authority of the Public Welfare Code, Act of June 13, 1967 Articles IX and X the Pennsylvania Department of Public Welfare is given the authority to regulate out-of-home child day care services. This includes private, State and federally funded child day care programs, and means that all day care programs must be licensed and, that those which receive federal funds must also meet and maintain standards promulgated by the Federal Department of Health, Education and Welfare, commonly referred to as the Federal Interagency Day Care Requirements (FIDCR).

Standards for the care and protection of children being cared for by persons other than their family have been in existence for a long time. However, like most human services, it has been only within the past decade that serious efforts have been made to evaluate rather than just regulate the quality of the services received.

Concern for the evaluation of day care programs began in the late 1960's when the federal government made large sums of money available to states for the establishment of day care services, which required both fiscal and programmatic accountability. However, due to the fact that there were few day care centers in existence at the time that these funds became available, establishment of day care centers and fiscal accountability received a higher priority than the quality of services being delivered. In fact, and in spite of the fact that there had been from the outset a requirement by the Department of Health, Education and Welfare for states to monitor day care programs receiving federal funds, only in May of 1977 was a mandate issued requiring states to do so -- and to do so in a uniform manner.

Administration and Organization of Pennsylvania Department of Welfare

In Pennsylvania, the Department of Public Welfare is decentralized. This decentralization process took place in the early 1970's. The Bureau of Child Development is administratively within the Office of Children and Youth which in turn is under the administration of the Deputy Secretary for Social Services, who reports directly to the Secretary of Public Welfare for the Commonwealth of Pennsylvania, who is appointed by the Governor.

The Department is decentralized into four regions, Central Region, Northeast Region, Southeast Region and Western Region. Each region is responsible for the administration and supervision of social services provided in the counties for which they are responsible.

Geographically, the Central Region consists of 24 counties in the Central part of the State. Except for three or four counties, the population is predominately rural. The Northeast Region consists of 15 counties and is also predominately rural. The Southeast Region consists of 5 counties, all but one is predominately urban and includes the City of Philadelphia. The Western Region is made up of 23 counties that are predominately rural, but also includes the City of Pittsburgh which is the second largest city in the State.

Administratively each region has a Regional Deputy Secretary who is responsible for all social service programs, a Regional Commissioner for Social Services who reports directly to the Regional Deputy Secretary, and who is responsible for supervising the administration of specific social services programs. Each region has a Regional Day Care Director, who, reports to the Regional Commissioner for Social Services. The Regional Day Care Director supervises program specialists who are responsible for the licensing, monitoring and evaluation of day care programs.

The Bureau of Child Development has no direct authority over any of the Regional Day Care Staff. The Bureau of Child Development's primary function and responsibility is policy, planning and coordination of day care services, through the Central and Regional Social Services administrative heirarchy.

We have provided you with this description of the Department of Public Welfare's administrative structure so that you may have a better understanding of the necessity for the process we have had to follow in developing and implementing the Child Development Program Evaluation.

Monitoring of Day Care Programs

Since the inception of the regionalization of the Department, each region has monitored and evaluated its day care programs. The problem was, at least as seen by the Bureau of Child Development, that each region monitored and evaluated its programs in a different way. The data therefore, while being very useful to the region, could not be used at the state level for management purposes without making many changes. Examples of some of the variables in the evaluation of programs are as follows. In one region Program Specialists are divided into two sub-units: one for licensing, the other for monitoring. Therefore they have two sets of files on each provider of day care service. In three regions the Program Specialists license and monitor providers of day care services, but in one of these regions the Specialist visits programs at least twice a year, in another they visit ten to twelve times a year while in yet another, the Specialists visit once a year. You can therefore see how difficult it would be to use in any meaningful and valid way data gathered in this manner for statewide policy and program planning.

Recognizing this fact, the current Director of the Bureau of Child Development established as a primary priority the design development and implementation of a standardized statewide licensing, monitoring and evaluation system for day care programs. This effort was begun in the fall of 1976.

Demonstration Projects

Initially with the voluntary consent and cooperation of the Northeast Regional Day Care Director, planning was begun for the piloting of the project based on the system used by the Appalachian Regional Commission's Ecological Monitoring and Information System (EMIS) developed by Richard J. Fiene, Child Psychologist, with that agency from 1975 to 1976, and who became a member of the staff of the Bureau of Child Development in January of 1977. Once these actions were underway, it was learned that a similar project had been initiated in the Southeast Region in 1973 called the Health Advocacy Training Project (HAT), funded by the Office of Child Development which was directed by Dr. Susan Aronson, a Pediatric physician. The title of the instrument developed by HAT was called the Health Services Compliance Checklist-Modified (HSCC-M). The purpose of both EMIS and HSCC-M was to evaluate and monitor child development services and to provide training where needed. The Health Advocacy Training Project emphasized the health, nutritional, safety aspects of child development programs; while the EMIS project emphasized the program, administration and social services aspects of child development programs. Both EMIS and HAT used a standardized questionnaire which included a record review as well as an on-site-review visit for the collection of data.

Because of the similarities in the design development and purposes of the projects, it was agreed by the Bureau of Child Development and the Regional Day Care Directors in the Northeast and Southeast to work cooperatively and concurrently on the design, development, field testing and implementation of the statewide licensing, monitoring and evaluation system, in April of 1977. A firm commitment was obtained from the Department of Public Welfare to carry out this project. Significantly, as mentioned earlier and in less than a month after this commitment was obtained, the Department received the mandate through the

Public Services Administration of the Department of Health, Education and Welfare to states to implement a standardized monitoring and evaluation system by December 31, 1977.

CHILD DEVELOPMENT PROGRAM EVALUATION (CDPE)

Orientation and training of day care Program Specialists for the Northeast Region began in February 1977 and ran through March. Initial sessions were then begun with the Program Specialists in the Southeast. The two instruments EMIS and HAT were merged and expanded to incorporate items covering all proposed state day care regulations and FIDCR requirements.

In May, task forces were formed in the two regions so that there would be service provider input into the design of the instrument. These task forces were formed to deal with the day care center instrument as well as the family day care homes instrument. In the Northeast Region they decided to use a single task force to review and comment upon both the family day care homes and day care center instruments together, i.e. using a single task force for both instruments. In the Southeast Region, they opted to deal with the instruments through separate task forces. The merged instruments (EMIS and HSCC-M) in the form of CDPE-C and CDPE-F, were distributed to all task forces in the Northeast and Southeast as well as the Regional Day Care Directors and Program Specialists in the Central and Western Regions of the State, who though not directly involved in the pilot project had been provided with regular briefings on each step of the project for their review and comments.

The task forces and the Central and Western Region Staff were allowed a month to meet and make comments on the instruments. Their comments were then pulled together and incorporated into what became the first draft of the CDPE-C in July 1977. It was then redistributed to the task forces and the Central and Western Regions. Concurrently it was reviewed by the Institute for Survey Research at Temple University.

The purpose of this redistribution and review by the Institute for Survey Research was to get final comments before we began field trials in the pilot regions.

The initial trials of the center instrument were held at a single site in the Northeast Region and a single site in the Southeast Region in October, 1977. We were attempting to determine which items would work and which would require revision and/or possibly elimination as well as inter-rater reliability, and the amount of time it would take to administer the instrument, a critical factor, since the amount of time it would take to administer the instrument had been one of the most universal concerns of the task forces and Program Specialists'.

Upon the conclusion of the first field trials the instrument was then revised based upon the observations and comments of the Program Specialists and a third draft was developed.

The third draft was then tested at multiple sites in November, 1977 in the Northeast and Southeast Regions. Programs included those serving infants, toddlers, pre-schoolers, and school-age children and programs in both urban and rural locations. Again, based upon comments and observations of the Program Specialists and the Institute for Survey Research the instrument was again revised. This fourth draft, however, is the version which, effective January 1, 1978 will be used in the Northeast and Southeast Regions for the licensing, monitoring and evaluation of all day care services, and, effective July 1, 1978 in the Central and Western Regions too for the same purposes. Between the period of January 1, 1978 and June 30, 1978, the Program Specialists in the Central and Western Regions of the State will be orientated and trained in the administration of the CDPE.

This then represents how the Child Development Program Evaluation evolved, but more importantly, it represented a step toward improving the quality of care for children in day care across the State.

Organization and Content of the CDPE

The CDPE consists of four parts. Each part has one subsection and each part is color coded. Each part and its subsection is the same color. Part 1 and 1-A is white, Part 2 and 2-A is green, Part 3 and 3-A is yellow and Part 4 and 4-A is pink.

Part 1 is completed by the DPW Program Specialist before the site review visit. It consists of demographic information about the site, such as the type of center, funding and contract information which can be obtained from DPW files on the program.

Part 1-A, Forms and Documents - contains a sample letter the Program Specialist sends to the program operator informing them of the planned site evaluation, a forms and document list identifying the ones he will need to get a copy of on the day of the site review visit (SRV), and a location list on which the program operator fills in where the Program Specialist will find specific information such as, health records of children and adults, social service records, etc., on the day of the SRV.

Part 2 is a Self-Administered Questionnaire which is mailed to the appropriate staff member, usually the Director of the site in advance of the SRV. It is to be completed by the appropriate staff member prior to the SRV and is picked up by the Program Specialist on the day of the visit. It contains questions about all aspects of the centers operation, administration, social service, child development,health and safety, etc.

Part 2-A is a chief officer of the Policy/Governing Body Questionnaire, which is mailed along with Part 2 to the appropriate site staff member for distribution. It too is to be completed in advance of the SRV and is to be picked up by the Program Specialist on the day of the SRV. It consists of questions related to the chief officers position and involvement in the operation of the center.

Part 3, Records and Files is made up of questions related to the Personnel Records, Children Health Records, Social Service and Child Development. This part is completed by the Program Specialist on the day of the SRV.

Part 3-A - Parent Consumer Self-Administered Questionnaire is sent to the parent consumer whose childrens' social service and child development records are reviewed by the Program Specialists. These questionnaires are to be returned in the SASE provided, directly to the Program Specialist. It consists of items related to the parent consumers involvement in the program and communication between the center and the parent consumer.

Part 4 - Site Tour, consists of observational items in all aspects of the programs services. This part is completed as the Program Specialist tours the facility. It includes observation of the physical facilities of the site, meal preparation and serving, child-caregiver interactions, etc.

Part 4-A - Caregiver Interview is administered to two caregivers selected by the program operator. It would consist of items related to employment, responsibilities and job satisfaction.

In each section, those items that relate to licensing are circled, those related to monitoring (FIDCR) have an asterisk, and those that are evaluative have no special identity.

Content Areas

The CDPE addresses 16 content areas of child day care service. These areas are:

1. ADMINISTRATION - Abbreviation "A"

   This area includes the use of appropriate management techniques by the program. It includes identification of appropriate individuals to be responsible for planning and implementing the service, and a variety of the specific aspects of the day care program, appropriate use of outside sources and the availability of adequate forms, records and policies.

2. ENVIRONMENTAL QUALITY AND SAFETY - Abbreviation "ES"

   This area includes minimizing hazards and illness enhancing conditions of the facility, as well as, procedures used by the program which affect sanitation risks.

3. FIRST AID - Abbreviation "FA"

   This area includes the presence of staff knowledgeable about first aid techniques and the availability of first aid supplies.

4. NUTRITION - Abbreviation "N"

   This area includes all aspects of food service and menu planning.

5. EMERGENCY PREPARDENESS - Abbreviation "EE"

   This area includes plans for emergencies including fire and natural disasters, evacuation plans and drills and the availability of suitable equipment and information for handling emergency situations.

6. TRANSPORTATION - Abbreviation "T"

   This area includes the safe use of any type of vehicle, the availability of suitable safety restraints, training of drivers, provisions for vehicle liability insurance as well as pedestrian safety planning.

7. TRAINING - Abbreviation "TR"

This area includes instruction conducted for children, parents, volunteers and staff.

8. RECORD PROCESSING - Abbreviation "RP"

This area includes the procedures used to gather, store, update and use data on individuals involved with the program.

9. RECORD CONTENT - Abbreviation RC"

This area includes an appraisal of the actual content of a random sample of records.

10. DENTAL HEALTH - Abbreviation "DH"

This area includes dental hygiene routines, and use of fluoride supplements where needed.

11. STAFF HEALTH - Abbreviation "SH"

This area includes efforts made by the program to minimize the adverse effects of staff illness on the program.

12. HEALTH SERVICES - Abbreviation "HS"

This area includes activities which assure that all children receive routine preventive and screening services, and that those who need diagnostic and treatment services receive them.

13. SPECIAL NEEDS - Abbreviation "SN"

This area includes the extent to which children who are identified by the program as possibly having health problems receive professional evaluation(s), and service for any identified problems.

14. CHILD DEVELOPMENT - Abbreviation "CD"

This area appraises philosophy and approaches to child care, classroom environment, indoor and outdoor equipment, the relationships and interactions between the children and care-givers, as well as between the children.

15. SOCIAL SERVICE - Abbreviation "SS"

This area appraises the availability of casework management techniques for the child and his family and the procedures used to deliver those services.

16. PARENT INVOLVEMENT - Abbreviation "PI"

This area includes items related to the parents consumers participation in the sites operation.

Conclusion

You have no doubt noticed that the focus of this presentation has been upon the development of the day care center evaluation instrument. As mentioned, however, an instrument for the evaluation of family day care homes (FDCH) has also been developed. At this point though it is not as refined as the center instrument. The pressures of the federal mandate and other events made it necessary to postpone working on the FDCH instrument as we had planned originally.

Also, a statistical and fiscal piece of the CDPE which is an important and necessary piece in order for us to have a total system, is being piloted in the Southeast Region and will be made a formal part of the CDPE when it is completed.

Thus, we have the main parts of a total management information system which will enable the State to meet its responsiblity for licensing, monitoring and evaluating day care services, to have access to information that will allow for decision making based on comparable data, and, a tool which meets the needs of the providers of day care service, the needs of the Regional day care staff, the needs of the Bureau of Child Development, the Department of Public Welfare and the Federal Department of Health, Education and Welfare.

DRAFT #3 FOR FIELD TRIALS

CHILD DAY CARE CENTER

CHILD DEVELOPMENT PROGRAM EVALUATION

PART 1—Items To Be Completed by DPW Program Specialist Before Field Visit

Instrument Process Log:

Site Name _____ Name of Agency _____
(If site is part of a multi-site agency)

Program Specialist(s) _____ Number on DPW Certificate of Compliance _____

Date of Planned Field Visit(s) _____ Date of Last DPW Assessment Of This Site _____
(To be arranged as the first step in the evaluation)

DRAFT #3

ORGANIZATION OF CONTENTS

	Pages
Part 1 — To be Completed by DPW Program Specialist Before Field Visit	1-8
Part 1a— Pre-Site Visit Mail-Outs	9-13
Part 2 — Day Care Staff Questionnaire—Self-Administered	14-44
Part 2a— Chief Officer of Policy/Governing Group Questionnaire	44a-44b
Part 3 — Records and Files	45-65
Part 3a— Parent/Consumer Questionnaire—Self-Administered	66-69
Part 4 — Site Visit	70-104
Part 4a— Caregiver Questionnaire	105-109

CONTENT AREAS ADDRESSED

Symbol	Reference	Component Area and Item Symbols
Item No.	Licensing	Index (C)
Item No.*	Monitoring	Administrative (A, EF, EC, ER)
Item No.	Evaluative	Child Development (CD)
		Social Service (SS)
		Health (HS, H, HE, HA, HX, SH)
		Environmental Safety (ES)
		Transportation (T)
		Parent Involvement (PI)

Source References to be confirmed in Draft #4

(FOR DATA PROCESSING STAFF USE ONLY)

	Part 1	Part 1A	Part 2	Part 2A	Part 3	Part 3A	Part 4	Part 4A
Date Data Received for Data Processing								
Date Data Processing Completed								

Date data returned to: Day Care Program _____; DPW Staff _____

Child Development Program Evaluation Tool Prepared by:
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Funded by contract funds from Pennsylvania DPW Contract Numbers 5199 and 5200.

CDPE-C CENTER TASK FORCE MEMBERS AS OF 10/77

DAY CARE PROVIDERS	ORGANIZATION	LOCATION
Shelly Brick	Kensington-Kingstowne Day Care Center	Philadelphia
John Carsch	The Learning Tree Day Care Center	Philadelphia
Ralph Cottman	Community Day Care Association	Norristown
Christine Grafstrom	Crestmont Day Care Center	Willow Grove
Jennifer Hall	Central Montgomery MH/MR Center	Norristown
Susan Hooks	Crestmont Day Care Center	Willow Grove
Charles Jamison	Community Day Care Association	Norristown
Barbara Leath	Norristown Day Care Center	Norristown
Ruth Weyden	Montgomery County Day Care Association	Blue Bell
Rosemary Mazzatenta	Get Set Day Care	Philadelphia
Betty Marino	Careers with Children	Scranton
Sandra Pollard	Diversified Community Services	Philadelphia

DPW STAFF

S.E. Region:

Frieda Cooper, Director	DPW Regional Day Care Office	Philadelphia
Ernestine Reed	DPW Regional Day Care Office	Philadelphia
Hortense Shaw	DPW Regional Day Care Office	Philadelphia
George Singleton	DPW Regional Day Care Office	Philadelphia
Phyllis Temple	DPW Regional Day Care Office	Philadelphia
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Mildred Reed	DPW Regional Day Care Office	Philadelphia
Major Riddick	DPW Regional Day Care Office	Philadelphia

N.E. Region:

Irene S. Molzahn, Director	DPW Regional Day Care Office	Scranton
Betsy Syer	DPW Regional Day Care Office	Scranton
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Charlotte Kennedy, Director	DPW Regional Day Care Monitoring Office	Pittsburgh
Margaret Bamback	DPW Regional Day Care Monitoring Office	Pittsburgh
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CDPE-C

Part 1

Complete as much as possible from DPW files before the site visit. Attempt to collect any data not found in your files from other sources, including the day care program staff before forwarding the data for processing. (As a reminder to yourself, "dog-ear" any page for which you must seek information.)

If the site is part of a multi-site agency, relevant agency-wide reference data previously collected from this multi-site agency need not be collected again if it was collected within the past 12 months. For each such item in this instrument, cite the CDPE instrument where the data can be found as follows: "See CDPE-C for _____".
site name/date collected

0-1-001

Program Site	Agency (if Different from Program Site)
Name of Contact Person _____	Name of Contact Person _____
Address _____ # Street	Address _____ # Street
_____ City Zip Cty.	_____ City Zip Cty.
Phone # _____	Phone # _____

0-1-002

What is the profit/non-profit status of this site or of its auspice agency? (Check application for status specified in the site or agency's Articles of Incorporation.)

0-1-002

A public taxing body	1
A profit-making corporation	2
A non-profit 501c tax exempt corporation	3
Any combination of the above (Specify)	4
Other (Specify)	

0-1-003*

Are there any months in the past 12 months when Monthly Reports of Child Day Care Service (or equivalent attendance reports) were not filed with DPW?

0-1-003*

Specify	Yes	1
	No	3

If yes, specify for which months reports were not filed:

_____

_____

0-1-004-007

From the most recent attendance report submitted by the site, how many children are there in each of the following developmental levels currently enrolled in the site?

Obtain data from most recently submitted Monthly Report of Child Day Care Service or equivalent report submitted by the day care provider. If no reports have been filed, obtain data from site staff at the time of your site visit.

Developmental Levels	0-1 Number	
Infants, approximately 0-18 months of age		-004
Toddlers, approximately 19-35 months of age		-005
Preschoolers, approximately 3 years and under 5 years of age		-006
School age, in school and at least 6 years but under 17 years of age		-007

A-1-008

What is the maximum number of children permitted by the certificate of compliance at this site? (DPW capacity)

If no certificate of compliance is yet on hand, write "None".

A-1-008 _____ Number

A-1-009*

What has been the average daily attendance during the past six months at this site? Obtain data from Monthly Report of Child Day Care Service or equivalent report submitted by the day care provider. If no reports have been filed, obtain data from site staff at the time of your site visit. If the site has been in operation for less than 6 months, give most recent month's attendance.

A-1-009 _____ Number

A-1-010

From the site's floor plan or DPW records, complete the following table. Request a floor plan from the site if your records do not include one.

A-1-010

Room(s) Used By One Group of Children (IDENTIFY ROOM(S) AS PROGRAM DOES	Wall to Wall Size
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Use additional sheet if site has more than 8 rooms in use for child care

ES-1-011

For programs serving children under age 6 or serving developmentally disabled children, has DPW received a report of inspection of the facility for presence of lead paint by the Health Department or DER? If so, what does the report indicate?

ES-1-011

No report is in the file	1
Report indicates hazardous levels of lead paint were not found	2
Report indicates hazardous levels of lead paint were found	3
Program serves only normal children at least 6 years of age	4
Other (specify)	

ES-1-012

Do your records show that this facility possesses a valid* license or certificate of approval from the Department of Labor and Industry (or equivalent local building authority)?

* Check whether there were any notices issued for deficiencies found in the past year

If no, explain_____

_____

_____

ES-1-012

	Yes	1
Explain	No	3

ES-1-013

Do your records show that this facility possesses a valid* license or certificate of approval from the Department of Environmental Resources (or equivalent local health authority)?

* Check whether there were any notices issued for deficiencies found in the past year

If no, explain_____

_____

_____

ES-1-013

	Yes	1
Explain	No	3

ES-1-013a

How many, if any, accidents which required inpatient hospitalization were reported to DPW in the past 12 months? (Check all relevant DPW files)

ES-1-013a

Number of Accidents Reported

0-1-014

Does this site receive any Title XX funds?

0-1-014

	Yes	1
Skip to 0-1-025b	No	3

Examine the contract/proposal document(s) under which this site is operating.

A-1-015

What is (are) the number(s) of the contract(s) under which this site is receiving Title XX funds?

A-1-015

Number(s)

A-1-016-019

What dates are contained in the contract document?

Write "None" for any date which is not in the contract.

A-1

	Record Date(s)	
Effective date of the agreement		-016
Period covered by the contract		-017
Last date when agency or program representative signed the contract		-018
Last date when state representative signed the contract		-019

A-1-020-021

Who signed the contract?

A-1

	Name(s)	
For the provider agency or program?		-020
For the state?		-021

A-1-022 -022c

How many units of child care service are covered by the contract in each of the following developmental levels?

Bracket response choices if contract does not separate children into levels provided below.

A-1-

Developmental Levels	Number
Infants, approximately 0-18 months of age	
Toddlers, approximately 19-35 months of age	
Pre-schoolers, approximately 3-5 years of age	
School-age, in school 6-16 years of age	

A-1-023

Was the standard state contract language modified for this contract?

A-1-023

Attach copy of modification	Yes	1
	No	3

0-1-025b

At least 2 weeks before your field visit, address, sign, date and mail the following items to the appropriate administrative agency or site representative of the day care program:

1. Cover letter (see sample or compose one which covers same issues)
2. Forms and Documents List--check the list against your files and note "on file at DPW" next to any items for which you already have copies.
3. Location List
4. Self-Administered Questionnaires --
   Part 2 For the Day Care Program Staff
   Part 2A For the Chief Officer of the Policy/Governing Body

0-1-025b
Date of Mailing

0-1-025c

One week before your scheduled field visit, contact the program staff member to whom the cover letter, lists and questionnaire in 0-1-025b were mailed.

1. Verify that the letter, lists and questionnaire were received.
2. Verify the date and time for your field visit(s).
3. Clarify any questions.
4. Remind staff to have all documents assembled and forms completed for you to review at the beginning of your visit.

0-1-025c
Date of Pre-Visit Contact Call

A-1-024

Attach or copy a list of the locations of all sites covered by the contract.

A-1-024

Name of Site	Location of Site

A-1-025

Attach a copy of the site's current Title XX operating budget for this fiscal year, including copies of any subcontracts and subcontract budgets. (Budget items will be correlated with the data in this tool.)

Explain if a copy is not attached:

_____

_____

_____

A-1-025

	A copy of the budgets and subcontracts is attached	1
Explain	A copy of the budgets and subcontracts is not attached	3

A-1-025a

From the program's current Title XX proposal, make or copy a list of the objectives specified for this year by the program.

Explain if a copy is not attached:

_____

_____

_____

A-1-025a

	A copy of objectives is attached	1
Explain	A copy of objectives is not attached	3

Use this space to attach a list of the program's objectives.

Sample Cover Letter

Dear

As the Program Specialist assigned to your program, I have arranged with you to visit your site for the day on _____ at _____.

The purpose of the visit is to review all components of your program. The information I collect will be used to identify the strong areas of your program and the areas in which your program needs to improve. I would like to know about all the things people in your program are doing or have done within the past year to foster good child care in your program.

I will ask questions, look at relevant files and records and observe caregiving and food preparation activities at your site. I will ask you to choose children for me to observe and to indicate to me the developmental level of the children in each group I observe. I would like to talk briefly with two caregivers whom you select for me to interview, with the kitchen staff and with a member of your staff who is trained in first aid. During the visit, I will choose a random sample of parents to whom I will be mailing a questionnaire. Please let everyone who might be involved know who I am and why I am coming.

As part of my visit, I need to collect a current set of forms and documents used by your program so that they can be included in the assessment. A list of a variety of documents used by different programs (called the "Forms and Documents List") is enclosed to help you to collect any of them that you use in advance of my visit. A "Location List" is also enclosed so that you can note where in your facility I will find some of the things I want to look at during my visit. I may need to ask the staff who are responsible for keeping records for your program to explain them to me, but I would like to disturb your program day as little as possible. Please complete both lists before I come so that I can minimize the amount of program staff time required by my visit.

Finally, I have enclosed two self-administered questionnaires: one to be completed by you and by appropriate members of your staff, and one to be completed by the chief officer of the Policy/Governing Body which most directly impacts on policies followed by this site. I would like to pick up both completed questionnaires when I come.

A copy of the information I collect and a summary of the assessment will be returned to you as soon as possible after my visit. You will have an opportunity to examine and discuss all the information collected; however, if you have any questions before the visit, do not hesitate to call me.

Again, please be prepared to furnish me with a copy of the documents, the completed "Forms and Documents List", the "Location List" and the self-administered questionnaires at the beginning of my visit. The usual time required for day care program staff to complete the questionnaires is one person day.

Sincerely,

Day Care Program Specialist

Enclosures:
1. Forms and Documents List
2. Location List
3. Self-Administered Questionnaire for day care staff
4. Self-Administered Questionnaire for the chief officer of the Policy/Governing Body

FORMS AND DOCUMENTS LIST

Dear _____ _____
Day Care Program Operator Site #

This list contains many types of forms and documents which day care programs use.. Few programs use or need all these forms. On the day of my visit, I will need to collect a current copy of any of the forms listed below which your program uses. Please have copies of any documents you use which have changed since your program sent a copy of them to DPW in addition to any documents you use which I have not shown as already submitted to DPW on the list below. When I come, I will review with you the items you have assembled.

Also, for each document, please indicate (in the column to the right) the action status of the form. For example, you may write "have already submitted document in current use to DPW", "no form in existence", "will provide current form at site visit", or the date by which you will mail it to me. If your program does not have access to copying facilities, please give me the original copy. I will return your original to you.

Multi-site agencies need not submit documents for more than one site if they are the same as those currently in use for this site. Please indicate when and for which site such documents were previously submitted

Item No.	Form or Document	Action Status of Form
(026)	Written Policies and Procedures	
027*	Written Agreements with Service Providers**	
028*	Job Descriptions of Staff	
029*	Staff Policies Governing Sick Leave	
(030)	Fire and Evacuation Procedure	
031*	Fire and Evacuation Drill Form	
032*	Site Safety, Sanitation and Environmental Self-Inspection Form	
(033)	Menu for this Month	
034*	Written Admission Procedure	
(035)	Intake and/or Application Form	
(036)	Health Form (Children)	
(037)	Health Form (Adults)	
(038)	Accident Report Form	
039	Dental Evaluation and Treatment Consent Form	
040	Medical Evaluation and Treatment Consent Form	
041	Immunization Consent Form	
(042)	Emergency Medical Consent Form	
043	Medication Administration Consent Form	
(044)	Release of information consent forms for records to the day care program and from the day care program to another agency	
(045)	Trip Consent and Information Form	
046*	Forms used to Plan and Evaluate the Program	
047	List of Current Staff, Substitutes and Volunteers to be used to check the records for each. List starting dates with agency and position of each person. Indicate on the list anyone who supervises swimming or wading pool activities	
048*	Written Career Development Plan	

**Include mental health, social service, health, custodial or other service providers.

FORMS AND DOCUMENTS LIST (Cont'd)

Item No.	Form or Document	Action Status of Forms
049*	A List of the Names of Individuals who Serve on your Site's Governing/Policy Body. Beside each name, indicate whether the individual is a Day Care Service Consumer, a Staff Member, a Community Representative or Other Type of representative	
050*	The Governing/Policy Body's By-Laws	
051*	The Program's Personnel Policy	
052	Sample Lesson Plans	
053	Curriculum Outline used as the basis for lesson plans	
054	Schedule of daily activities	
055	Sample Developmental Assessment Form	
056	Written Statement of your Program's Educational Philosophy	
057*	Organizational Table including the names of current staff filling designated positions and classroom assignments for caregiving staff	
058*	Written Procedure for Documenting Compensatory Time	
059*	Written Procedure for Employee Salary Increments Based on Job Performance	
060	Resumes for: Director, Group Supervisor, Asst. Group Supervisor, Aides, Caregivers, Social Caseworker, Service Aides, Cooks	
061	Compliance Questionnaire (PW335)	
062*	Staff Grievance Procedures	
063*	By-Laws of Parent Policy Advisory Committee	
064*	Membership List and Names of Officers of the Parent Policy Advisory Committee. Beside each name, indicate whether the individual is a Day Care Service Consumer, a Staff Member, a Community Representative or Other Type of representative	
065*	Parent Brochures or Pamphlets	
066*	Client Right to Appeal Policies	
067*	Client Termination Policies	
068*	Fee Collection Forms	
069*	Fee Collection Policies	

Date

Program Specialist

LOCATION LIST

Dear _____:
Day Care Program Operator

The purpose of this list is to make it easy for me to find things I must check. Please record the location of the following items on this form and have the completed form ready for me on the day of my visit. Please attempt to describe the locations in a way which will enable me to find each item by myself or tell me who will show them to me when I come. You may want to sketch a floor plan for me to use. If the items are to be found at another office location, please give the address of the other location. If you do not have the item, write "none" in the "Location" column.

Item	Location	Responsible Staff Person's Name
Children's Enrollment Dates and Birth Dates		
Staff, Substitute and Volunteer Personnel and Medical Records		
Records of Staff Sick Time		
Records of Staff Time Sheets (including compensatory time)		
Children's Health Records (for currently enrolled children)		
Children's Usual Source of Health Care and Health Insurance		
Emergency Contact Information for Staff and Children		
Emergency Medical Information for Staff and Children		
Records of Medication Currently Being Administered to Children at this Site		
Fire Drill Log		
Instructions for Special Medical Diets for Children Currently Enrolled		
Principal Food Storage Area		
Menu Files		
Site's Safety, Sanitation and Environmental Survey Self-Inspection Records		
Health Record Worksheets which Summarize Health Record Content		
Minutes of Governing/Advisory and/or Policy Making Body Meetings		
Emergency Lighting Equipment		
Fire Alarm Boxes		
A Posted Menu		
Statement of Occupancy		
Food License or Sanitarian's Inspection Report on this Site		
All Vehicles the Program Uses to Transport Children (where parked at this site)		
Documents for Vehicle Insurance		
Where Children Ride Trikes or Bikes		
Drop-off and Pick-up Locations Used by Children Coming or Leaving This Site		
Telephones with Outside Lines (not intercoms)		
Outdoor Play Areas Routinely Used		
All First Aid Kits Used by this Site Including Those Used on Trips		

LOCATION LIST (Cont'd)

Item	Location	Responsible Staff Person's Name
Accident Records		
Agency Inspection Reports (e.g., L&I, DER, Health or any other than DPW)		
Swimming Pool Inspection Certificate		
Records of certification of competency in resusitation technique for staff who supervise swimming or wading activities		
DPW Certificate of Compliance		
Civil Rights Compliance Statement		

I will need to inspect all vehicles you use to transport children during my visit. Please be sure that they will be available at some time while I am at your site.

I may need to talk with the individuals responsible for any of the items listed on the Location List. Please alert them that I may ask them to explain the location of information or how they use any of the above items.

Remember that I will need to interview two caregivers, a member of the kitchen staff and the person responsible for providing first aid during the visit. We will discuss which staff will be involved when I come. Please think about the best time for me to interview the caregivers to avoid disrupting the care of the children.

DRAFT #3 FOR FIELD TRIALS

CHILD DAY CARE CENTER

CHILD DEVELOPMENT PROGRAM EVALUATION

PART 2--Self-Administered Questionnaire to be answered by appropriate staff as determined by the day care program.

Instrument Process Log:

Date data collected from site_____ Number on DPW Certificate of Compliance_____

Day care program Recorders and Informants for this section:

_____
Name

_____
Name

_____
Name

_____
Name

_____
Name

_____
Name

_____
Name

Program Specialist:

_____
Name

Child Development Program Evaluation Tool Prepared by:
Richard Fiene and Earl Douglas of The Bureau of Child Development Programs of The Pennsylvania Department of Public Welfare, Harrisburg, Penna. 17120 and by Susan S. Aronson, M.D., F.A.A.P., The Health Advocacy Training Program, The Medical College of Pennsylvania, 3200 Henry Avenue, Philadelphia, Penna. 19129, with input and consultation from Task Force Members and Consultants shown on page 2 of this document.

Funded by contract funds from Pennsylvania DPW Contract Numbers 5139 and 5200.

Part 2

1. The purpose of this questionnaire is to collect responses from your staff at their convenience to include in the assessment of your day care program.

2. The assessment includes:

   -Review of existing files by DPW Program Specialist and Forms and Documents submitted by the day care program at the time of the site visit.

   -Self-Administered Questionnaires completed by staff, parents and the Chief Officer of your Policy/Governing Body

   -Examination of Files and Records

   -Day Care Program Observation and Interview Items, including two caregiver interviews, interview of the sites' first aider and kitchen staff

3. Please complete the staff and chief officer questionnaires before the scheduled visit.

4. Be sure you have collected the Forms and Documents, completed the Forms and Documents List and the Location List.

5. All the items in this questionnaire and in the entire assessment are written to permit you to describe the way your program operates and are derived from federal regulations, state regulations or recommendations of national standard-setting organizations. Items are labelled to indicate the aspect(s) being examined:

   A = Administration
   CD = Child Development
   SS = Social Service
   HS = Health Services
   SH = Staff Health
   RP = Record Processing
   RC = Record Content
   N = Nutrition
   PI = Parent Involvement
   FA = First Aid
   EE = Emergency Preparedness
   T = Transportation
   ES = Environmental Safety
   TR = Training
   SN = Special Needs
   DH = Dental Health
   O = Index items used to determine the applicability of other items

   Each item is labeled so that the letter symbols indicate what component of the program is being examined, what part of the form the item is in and the number of the item within the part, e.g., A-2-001 is about the Administration of the program and is the first item in Part 2.

   The item numbers which relate to state licensing have been circled. The item numbers which relate only to federal funding requirements have an asterisk. Other items are either index items or purely evaluative in nature.

6. Not all the activities or documents asked about are necessarily required of your program but PLEASE RESPOND TO EVERY ITEM.

7. To obtain the most accurate assessment of your program, please HAVE THE MOST APPROPRIATE INDIVIDUALS IN YOUR AGENCY ANSWER THE QUESTIONS ABOUT THEIR ASPECT OF THE PROGRAM.

8. The questionnaire is designed to provide room for you to write your responses and comments directly on it. Your program may have good reasons for not doing some of the activities asked about. Please feel free to note these reasons. Some of the items may seem unclear or be difficult to answer. Please note these problems directly on the form also.

9. Multi-site agencies should be sure that the answers to this questionnaire are as site specific as possible.

PLEASE FOLLOW THESE INSTRUCTIONS:

Be sure to circle the coding numbers where they are provided to indicate your responses; enter your responses in fill-in boxes and follow the instructions which tell you to skip certain items if they do not apply to you. Draw a diagonal line through any item you intentionally skip to show you did not overlook the item.

Illustrations 1 through 4 are examples of the various ways you will enter your responses on this form.

ILLUSTRATION 1: PRE-CODED ITEM

A-2-000a

ARE YOU A DAY CARE SERVICE PROVIDER?

	A-2-000a
Yes	(1)
No	3

ILLUSTRATION 2: FILL-IN-THE-BOX

A-2-000b

IN WHAT STATE DO YOU PROVIDE DAY CARE SERVICE?

A-2-000b: Penna.

State

ILLUSTRATION 3: SKIP ITEM AND EXPLAIN

A-2-000c

DO YOU PROVIDE DAY CARE IN ANY OTHER STATE?

	A-2-000c
Yes	1
Skip to A-2-000e	No (3)

A-2-000d

IN WHAT STATE(S) DO YOU PROVIDE DAY CARE?

State(s)

A-2-000e

DO YOU HAVE SUFFICIENT FUNDS TO OPERATE A QUALITY PROGRAM?

	A-2-000e
Yes	1
Explain	No (3)

If no, explain
Our budget was cut 5% last year.

RESPONSE WHICH REFERS TO
ILLUSTRATION 4: PREVIOUSLY SUBMITTED DOCUMENTS

A-2-000f

WHAT IS YOUR PROGRAM'S CHILD DEVELOPMENT PHILOSOPHY?
See 176.77 Title IX Proposal Pg 3 Paragraph 4 submitted to DPW Regional Office.

ILLUSTRATION 5: MULTIPLE RESPONSE ITEM

A-2-000g

WHO IS AUTHORIZED TO ANSWER THE PHONE AT THIS SITE?

	Yes	No
Staff	(1)	3
Parents	(1)	3
Children	1	(3)

Circle Code

The Usual Time required to complete Part 2 is 1½ to 2 hours.

Processing of the assessment will be done as quickly as possible so that a copy of all the assessment responses and a summary of the assessment results can be returned to your program. To whom should the program's copy be sent?

Name _____ Address _____ 0-2-001

Access to the assessment responses and results will be limited to:

a. Your program
b. Data Processing Personnel
c. State and Federal Agency staff as required by law
d. State approved Trainers and Consultants working with your program

0-2-002

FROM THE LIST BELOW, IDENTIFY THE TYPE OF DAY CARE ORGANIZATION WHICH MOST CLEARLY DESCRIBES THIS SITE.

0-2-002

(Remember to circle the number beside your answer to record your response)

Single site day care service provider	1
Site administered by a multi-facility day care system which is offering center day care at more than one site.	2
Site administered by a multi-facility day care system which is offering center and family day care service.	3
Other (specify)	

0-2-003

DOES THIS SITE OPERATE UNDER THE AUSPICES OF AN ADMINISTERING ORGANIZATION WHICH PROVIDES SERVICES OTHER THAN DAY CARE?

0-2-003

(Remember to draw a diagonal line through any items you deliberately skip)

	Yes	1
Skip to A-2-036	No	3

0-2-004

WHAT IS THE NAME, ADDRESS, PHONE AND CONTACT PERSON FOR THE ADMINISTERING ORGANIZATION?

Name of Administering Organization

Address

Name of Contact Person

Phone #

A-2-005*

WHAT TYPE OF SERVICES OTHER THAN DAY CARE ARE PROVIDED BY THE ORGANIZATION WHICH ADMINISTERS THIS SITE?

A-2-005

A-2-006

ARE THERE ANY CONFLICTS, PROBLEMS OR INCONSISTENCIES BETWEEN THE PERSONNEL POLICIES OF YOUR ADMINISTERING ORGANIZATION AND THE NEEDS OF THIS SITE'S STAFF?

If yes, explain

A-2-006

Explain	Yes	1
	No	3

FOR EACH SERVICE LISTED IN COLUMN 1 BELOW, INDICATE WHETHER OR NOT THE SERVICE IS PROVIDED TO THIS SITE BY YOUR ADMINISTERING ORGANIZATION. IN COLUMN 2, INDICATE THE TYPE OF SERVICE PROVIDED. COMPLETE COLUMN 3 TO INDICATE YOUR SATISFACTION WITH THE SERVICE YOU ARE RECEIVING.

Column 1	Column 2			Column 3		
	How, If At All, Is The Service Provided By Your Administering Organization?			Are There Any Problems With The Service?		
Service	Service Is Not Provided	Consultation Advice Or Help Is Given In Securing Service	Service is Provided Directly	No Problems	Problems (Specify)	
Budgeting	9	1	2	4		-007
Accounting	9	1	2	4		-008
Purchasing	9	1	2	4		-009
Co-op Purchasing Equipment & Supplies	9	1	2	4		-010
Co-op Purchasing Food	9	1	2	4		-011
Nutrition Planning	9	1	2	4		-012
Staff Training	9	1	2	4		-013
Volunteer Training	9	1	2	4		-014
Program Planning	9	1	2	4		-015
Curriculum Planning	9	1	2	4		-016
Curriculum Equipment & Supplies	9	1	2	4		-017
Psychological Screening	9	1	2	4		-018
Psychological Or Counseling Service	9	1	2	4		-019
Hearing Screening	9	1	2	4		-020
Immunization	9	1	2	4		-021
Health Screening	9	1	2	4		-022
Emergency Medical Care	9	1	2	4		-023
Comprehensive Medical Care	9	1	2	4		-024
Fund Raising	9	1	2	4		-025
Public Relations	9	1	2	4		-026
Locating Donations	9	1	2	4		-027
Client Recruitment	9	1	2	4		-028
Staff Recruitment	9	1	2	4		-029
Volunteer Recruitment	9	1	2	4		-030
Parent Or Community Policy Board	9	1	2	4		-031
Operations & Efficiency Planning	9	1	2	4		-032
Self Evaluation	9	1	2	4		-033
Outside Evaluation	9	1	2	4		-034
Other (Specify)	9	1	2	4		-035

O-2-036

HOW LONG HAS THIS PROGRAM OPERATED IN THIS FACILITY?

O-2-036

Not Yet Operational	1
Less Than One Year	2
One to Three Years	3
Three to Five Years	4
More Than Five Years	5

A-2-037*

IDENTIFY ALL POLICY AND ADVISORY GROUPS WHICH CONSIDER OPERATIONAL ISSUES FOR THIS SITE.

A-2-037

_____

_____

_____

O-2-038*

WHICH GROUP IS THE ONE WHICH MAKES MOST OF THE POLICY FOLLOWED BY THIS SITE?

_____ O-2-038

Answer Items A-2-038 to A-2-049 for the Group Identified as Making Most of the Policy Decisions Followed by this Site

A-2-039*

HOW MANY MEETINGS DID THIS POLICY GROUP HAVE IN THE PAST YEAR?

A-2-039

Number

A-2-040

DOES THE POLICY GROUP HAVE ANY COMMITTEES?

A-2-040

	Yes	1
Skip to A-2-041	No	3

A-2-041*

LIST THE FUNCTIONING COMMITTEES OF THE POLICY GROUP. INDICATE THE FUNCTION AND APPROXIMATE NUMBER OF MEETINGS HELD IN THE CORRESPONDING COLUMNS BESIDE EACH COMMITTEE YOU LIST.

A-2-041

Name of Committee	Function	Approximate # of Meetings In Past Year

~~53~~ 32

A-2-042

WHAT, IF ANY, ORIENTATION PROCEDURE IS USED TO ORIENT NEW MEMBERS TO THE POLICY GROUP? (If none, write "None")

_____ A-2-042

_____

_____

A-2-043

WITHIN THE PAST YEAR, APPROXIMATELY HOW MANY POLICY GROUP MEETINGS WERE ATTENDED BY INDIVIDUALS WHO ARE NOT POLICY BOARD MEMBERS?

A-2-043

	Number

A-2-044

ARE MINUTES KEPT FOR THE POLICY GROUP?

A-2-044

	Yes	1
Skip to A-2-049	No	3

A-2-045-048

TO WHOM, IF ANYONE, ARE THE POLICY GROUP MINUTES DISTRIBUTED?

(Remember to circle a code on each line wherever it says "Code Each")

		Yes	No	
Staff		1	3	045
Administration		1	3	046
Parents		1	3	047
Board Members		1	3	048
If Other, Specify				

0-2-049

AT WHAT HOUR DOES THE SITE OPEN FOR DAY CARE SERVICE?

0-2-049

	a.m.
	p.m.

Record time of day and circle a.m. or p.m.

0-2-050

AT WHAT HOUR DOES THE SITE CLOSE FOR DAY CARE SERVICE?

0-2-050

	a.m.
	p.m.

Record time of day and circle a.m. or p.m.

0-2-051

WHAT TYPE OF FUNDING SUPPORTS CHILD DAY CARE SERVICE AT THIS SITE?

0-2-051

Title XX	1
State Matching Funds for Title XX	2
Other State Funds	3
Head Start	4
Other Federal Funds	5
Private Foundation or Grant Funds	6
Parent Fees	7
Co-operative and Volunteer time and materials	8
Other (specify)	

0-2-052

ARE FEES COLLECTED FOR CHILD DAY CARE SERVICES PROVIDED BY THIS SITE?

0-2-052

	Yes	1
Skip to A-2-054	No	3

0-2-053

ON WHAT BASIS ARE FEES COLLECTED?

0-2-053

Someone other than the parents pay the fee	1
All parents pay the same fee	2
A sliding scale is used for all parents	3
A combination of sliding scale and set fee	4
Other (Specify)	

CD/A-2-054

FROM YOUR ATTENDANCE RECORDS FOR THE PAST MONTH, SELECT THE DAY WHEN ATTENDANCE WAS THE HIGHEST (MAXIMUM ATTENDANCE DAY).

HOW MANY CHILDREN ATTENDED THE PROGRAM ON THE MAXIMUM ATTENDANCE DAY LAST MONTH?

CD/A-2-054

Number of Children

CD/A-2-055-058

HOW MANY CHILDREN IN EACH OF THE FOLLOWING DEVELOPMENTAL LEVELS ATTENDED THE PROGRAM AT THIS SITE ON THE MAXIMUM ATTENDANCE DAY?

CD/A-2

	Number	
Infants approximately 0-18 mos.		-055
Toddlers, approximately 19-35 mos. of age		-056
Pre-schoolers, approximately 3 years and under 6 years of age		-057
School-age, from school entry to 16 years of age		-058

34

A-2-059

FROM YOUR PERSONNEL RECORDS, DETERMINE HOW MANY CAREGIVERS WERE AT WORK ON THE MAXIMUM ATTENDANCE DAY.

A-2-0

Number

A-2-060-063

ON A TYPICAL PROGRAM DAY, WHEN DOES THE FIRST CHILD FROM THE FOLLOWING DEVELOPMENTAL LEVELS ARRIVE?

Developmental Levels	Record Time of Day and Circle a.m. or p.m.	A-2 No Such Child in Care	
Infants, approximately 0-18 months of age	a.m. p.m.	9	-060
Toddlers, approximately 19-35 months of age	a.m. p.m.	9	-061
Pre-schoolers, approximately 3 to 5 years of age	a.m. p.m.	9	-062
School-age, from school entry to 16 years of age	a.m. p.m.	9	-063

A-2-064-067

ON A TYPICAL PROGRAM DAY, WHEN DOES THE FIRST CHILD FROM THE FOLLOWING AGE GROUPS LEAVE?

Developmental Levels	Time	A-2 No Such Child in Care	
Infants, approximately 0-18 months of age	a.m. p.m.	9	-064
Toddlers, approximately 19-35 months of age	a.m. p.m.	9	-065
Pre-schoolers, approximately 3 to 5 years of age	a.m. p.m.	9	-066
School-age, from school entry to 16 years of age	a.m. p.m.	9	-067

A-2-074

ON A TYPICAL PROGRAM DAY, WHEN DOES THE FIRST PERSON WHO PROVIDES DIRECT CARE FOR CHILDREN ARRIVE?

A-2-074

a.m.
p.m.

Record Time of Day and Circle a.m. or p.m.

A-2-075

ON A TYPICAL PROGRAM DAY, WHEN DOES THE LAST PERSON WHO PROVIDES DIRECT CARE FOR CHILDREN LEAVE?

A-2-075

a.m.
p.m.

Record Time of Day and Circle a.m. or p.m.

A-2-076-083

ON THE CHART BELOW, INDICATE THE NUMBER OF CHILDREN WHO USUALLY RECEIVE CARE AT THIS SITE FOR EACH OF THE SPECIFIED LENGTHS OF TIME. (If none, write "None")

Time Per Day	# of Children				
	Infants	Toddlers	Pre-schoolers	School-age	
0 to 1 hour					-076
2 to 3 hours					-077
4 to 5 hours					-078
6 to 7 hours					-079
8 to 9 hours					-080
10 to 11 hours					-081
12 or more hours					-082
Total Number of Children in Care					-083

A-2-084

IS THIS SITE SERVING ANY CHILDREN WITH DISABILITIES AS DEFINED BY PENNSYLVANIA DAY CARE REGULATION 2-8A-15?

A-2-084

"....Children who do not function according to age-appropriate expectations in the areas of affective, cognitive, perceptual-motor, physical, and/or social development to such an extent that they require special help, program adjustments and related services in order to function in an adaptive manner..."

	Yes	1
Skip to A-2-042	No	3

A-2-085

HOW MANY CHILDREN WITH DISABILITIES ARE CURRENTLY BEING SERVED BY THIS SITE?

A-2-085

Number

A/CD/HE/SS/N-2-0 86*

CONSULTATION AND REFERRAL CHART

On the chart below, describe any consultants or agencies with whom you have current arrangements to provide consultation or services to this site, or to the children and families served by this site. Include those for whom you are providing a written agreement with the Forms and Documents you are submitting for review. Include social services, child development, administrative, health, mental health and any other services used by this site. If there are none, please prinq "None" in the first column under "Name of Agency".

Name of Consultant, Agency and/or Contact Person	Role Profession	Location (Agency or Address)	Type of Services Rendered	How Often Used In The Past Year	Is A Fee Paid By The Program (Write Yes or No)	Any Problems With Service

A/CD/SS/HS-2-087-108

STAFF FUNCTIONS CHART

Complete the chart below to show how tasks are assigned at your site. For each task area listed, write the name(s) and position(s) of individual(s) who are responsible for performing the task at this site. If no one is responsible, write "None". If the task is referred to another site or another agency, write "Referred to_____" indicating to whom the task is referred.

A/CD/SS/HS-2

Task Area	Person(s) Responsible For Performing Task For This Site	
	Name(s) If One or Two Individuals Are Responsible	Position(s)
ADMINISTRATION		
Administering the operation of - finances		-08
- personnel		-08
- maintenance & janitorial		-08
- meal planning & preparation		-09
- transportation		-09
Formulating personnel policies		-09
Insuring program objectives and activities are carried out		-09
Holding regular staff meetings to discuss program plans and to interpret policies		-09
Insuring the maintenance of program records (not individual child records) required by the Dept. of Public Welfare		-09
Supervising direct caregiving staff (include those who supervise in the absence of the director		-09
Formulating program goals and objectives		-09
Arranging outside agency inspections (e.g. L&I, DER, Health, Fire as required by regulations and agencies in your locality		-09
FOR TITLE XX ONLY Preparing monthly invoices for reimbursement		-09
Signing monthly invoices (List all who are authorized)		-10
Preparing budget revisions		-10
CHILD DEVELOPMENT		
Coordinating and planning daily activities with caregiving staff		-10
Implementing daily activities with the children		-10
Establishing and maintaining records of children's developmental progress		-10
Deciding which specific materials and equipment are needed for individual children		-10
Writing lesson plans		-10
Checking lesson plans		-10
Discussing progress and problems of individual children with caregivers		-10

Continued on page 26

STAFF FUNCTIONS CHART (Cont'd)

A/CD/HS/SS-2

	Task Area	Person(s) Responsible For Performing Task For This Site: Name(s) If One or Two Individuals Are Responsible	Position(s)	
SOCIAL SERVICE/CHILD DEVELOPMENT	Discussing progress and problems of children with parents			-109
	Deciding on appropriateness of this day care service for a specific child			-110
	Discussing with parents or caregivers placement of new children in care			-111
	Establishing and maintaining community service resource file			-112
	Helping parents complete application			-113
TITLE XX ONLY	Determining financial eligibility			-114
	Discussing fees with parents			-115
	Assigning priority status			-116
	Establishing and maintaining individual child and family social service record			-117
	Establishing and maintaining individual child and family eligibility record			-118
	Coordinating Parent Involvement			-119
TRAINING	Providing for orientation and on-going competency oriented in-service training for all staff and volunteers			-120
	Assuring that specific skills and training of the staff are reflective of the population served			-121
SAFETY	Routinely reviewing accident records to determine whether commonly recurring accidents are occuring			-122
HEALTH	Establishing and maintaining individual health records for children			-123
	Assuring children receive needed health services			-124
	Establishing and maintaining individual health records for staff, substitutes and volunteers			-125
NUTRITION	Planning menus			-126
	Ordering food			-127
	Establishing and maintaining food service records			-128
	Preparing cleaning-up and storing of food			-129

40

SS-2-130*

DOES THE AGENCY REQUIRE A MINIMUM NUMBER OF SOCIAL SERVICE CONFERENCES WITH EACH FAMILY PER YEAR?

SS-2-130

	Yes	1
Skip to SS-2-133	No	3

SS-2-131

HOW OFTEN ARE SUCH MEETINGS REQUIRED?

SS-2-131

Frequency

SS-2-132

IS THIS REQUIREMENT USUALLY MET?

SS-2-132

If no, explain_____

	Yes	1
Explain	No	3

SS-2-133

ARE PRE-ADMISSION VISITS TO THE DAY CARE CENTER ROUTINELY ARRANGED FOR CHILDREN WHO WILL BE ENTERING THE PROGRAM?

SS-2-133

If no, explain_____

	Yes	1
Explain	No	3

SS-2-134

WHAT ARE THIS SITE'S CRITERIA FOR TERMINATING CHILDREN FROM THE PROGRAM?

_____ SS-2-134

_____

_____

The following items are about staff development and personnel practices

A-2-135

WHAT DO YOU DO TO DETERMINE THAT PROSPECTIVE SUPERVISORY AND CAREGIVING STAFF, SUBSTITUTES AND VOLUNTEERS HAVE NOT BEEN SUSPECTED OR CONVICTED OF CHILD ABUSE?

_____ A-2-135

_____

A-2-136*

On the chart below, indicate for each staff and volunteer position existing at this site whether or not staff performance is evaluated in Column 2. In Column 3, indicate whether the method used is written or informal. In Column 4, record how often evaluations are done. In Column 5, record the position of the evaluator. Draw a diagonal line through any position which does not exist at this site.

A-2-136

Column 1	Column 2		Column 3		Column 4	Column 5
	Is The Position Evaluated?		What Method Is Used?		How Often Is Evaluation Done?	What Is The Position
Position	Yes	No	Written	Informal	Frequency Per Year	Of The Evaluator?
Executive Director	1	3	1	2		
Administrative Coordinator	1	3	1	2		
Director/Teacher	1	3	1	2		
Asst. Director/ Administrative Aide	1	3	1	2		
Clerical Workers	1	3	1	2		
Head Teacher	1	3	1	2		
Teacher/Caregiver	1	3	1	2		
Teacher-Aides	1	3	1	2		
Social Worker/ Community Worker	1	3	1	2		
Therapists	1	3	1	2		
Volunteer Coordinator	1	3	1	2		
Cook	1	3	1	2		
Assistant Cook	1	3	1	2		
Custodian/ Janitor	1	3	1	2		
Driver	1	3	1	2		
Volunteers	1	3	1	2		
Other (Specify)	1	3	1	2		
	1	3	1	2		
	1	3	1	2		
	1	3	1	2		

A-2-137-140*

On the chart below, indicate on what basis salary increments are given. Indicate which positions are affected by each salary increment policy listed.

A-2-

Used As A Basis For Salary Increment	Code Each	Yes	No	Position Affected	
Performance (Merit Raise)		1	3		1
Cost of Living		1	3		1
Years of Service		1	3		1
Other (Specify)		1	3	H 2	1

SH-2-141-144

WHEN A CAREGIVER IS ILL, WHICH IF ANY, OF THE FOLLOWING PROCEDURES IS DONE?

	Code Each	Yes	No	SH-2
The nature of any staff illness is reported to the program whether or not the staff member takes sick leave		1	3	-141
A health professional's advice is sought when there is any concern about the implications of the staff illness on child care		1	3	-142
Only absences for illness which exceed a specified time limit require explanation to the program		1	3	-143
No procedure is followed		1	3	-144
Other (specify)				

The following items are about the child development component.

CD-2-145

DO YOU PROVIDE ANY PARTICULAR CHILD DEVELOPMENT PHILOSOPHY OR SET OF PRINCIPLES TO YOUR CAREGIVERS?

			CD-2-145
	Yes	1	
Skip to CD-2-147	No	3	

CD-2-146

DESCRIBE THE PHILOSOPHY OR PRINCIPLE YOU PROVIDE. (You may respond to CD-2-146 to 150 by referencing a written statement of child development philosophy if one is being submitted which provides this information.)

CD-2-146

CD-2-147-149*

WHICH OF THE FOLLOWING PRINCIPLES ARE SUGGESTED TO CAREGIVERS TO ARRANGE THE PHYSICAL ENVIRONMENT OF THE CHILD?

	Code Each	Yes	No	CD-2
Arranged for freedom of movement		1	3	-147
Arranged by type of skill or activity		1	3	-148
Arranged by skill, developmental levels (e.g., infant areas)		1	3	-149
Other organizing principle (Specify)				

CD-2- 150*

WHAT ARE THE THREE MOST IMPORTANT THINGS YOUR PROGRAM WANTS CHILDREN TO LEARN IN DAY CARE?

CD-2-150

CD-2- 151

ARE LESSON PLANS PREPARED IN WRITING?

CD-2- 151

	Yes	1
Skip to CD-2- 153	No	3

CD-2- 152

HOW FREQUENTLY ARE LESSON PLANS PREPARED?

CD-2-152

Frequency

CD-2- 153

WHAT CRITERIA ARE USED TO GROUP CHILDREN TOGETHER AT THIS SITE?

CD-2- 153

CD-2- 154

HOW OFTEN ARE DEVELOPMENTAL ASSESSMENTS ON EACH OF THE CHILDREN ROUTINELY PERFORMED?

CD-2-154

Record Frequency:

CD-2- 155

WHAT TYPE OF DEVELOPMENTAL ASSESSMENT IS DONE?

CD-2-155

HS-2- 156 *

DO YOU COLLECT INFORMATION ABOUT LOCALLY AVAILABLE SOURCES OF HEALTH SERVICES AND OTHER COMMUNITY SERVICES TO GIVE TO PARENTS?

HS-2-156

	Yes	1
Skip to HS-2- 160	No	3

HS-2- 157 *

WHAT TYPE OF INFORMATION DO YOU COLLECT?

HS-2-157

HS-2-158*

HOW IS INFORMATION SHARED WITH EACH PARENT?

HS-2-158

HS-2-159*

WHEN AND HOW WAS THE INFORMATION MOST RECENTLY UPDATED?

HS-2-159

HS-2- 160

HOW, IF AT ALL, DOES YOUR SITE SHARE INFORMATION WITH PARENTS ABOUT ROUTINELY RECOMMENDED HEALTH SERVICES?

HS-2-160

HS-2- 161

WHAT SCHEDULE OF RECOMMENDED HEALTH SERVICES DO YOU USE?

HS-2-161

HS-2-162*

DOES THIS PROGRAM EVER ASSUME RESPONSIBILITY FOR THE COST OF HEALTH CARE FOR CHILDREN?

HS-2-162

	Yes	1
Skip to HS-2-164	No	3

HS-2-163*

UNDER WHAT CIRCUMSTANCES DOES THE PROGRAM PAY FOR HEALTH CARE?

HS-2-163

HS-2-164*

DOES YOUR PROGRAM EVER HELP PARENTS MAKE APPOINTMENTS FOR HEALTH SERVICES OR IN ANY WAY HELP ARRANGE HEALTH CARE FOR THE CHILDREN?

HS-2- 164

	Yes	1
Skip to HS-2- 168	No	3

HS-2-165*

UNDER WHAT CIRCUMSTANCES WILL THE PROGRAM PROVIDE ASSISTANCE IN HELPING PARENTS MAKE CHILD HEALTH CARE APPOINTMENTS?

HS-2-165

HS-2-166*

HOW DOES THE PROGRAM KNOW WHEN THE PARENT IS HAVING A PROBLEM ARRANGING FOR NEEDED HEALTH CARE?

HS-2-166

HS-2-167*

ABOUT HOW OFTEN WAS THIS TYPE OF ASSISTANCE REQUIRED IN THE PAST YEAR?

HS-2-167

Frequency

HS-2-168*

HOW, IF AT ALL, DO YOU FIND OUT WHAT PARENTS ARE TOLD BY THE DOCTOR OR NURSE WHENEVER THEY TAKE THEIR CHILDREN FOR HEALTH CARE? (Include visits during and outside of day care hours, for both sick care and check-up visits.)

HS-2-168

HS-2-169*

HOW, IF AT ALL, DOES THE PROGRAM PARTICIPATE IN CARRYING OUT TREATMENT INSTRUCTIONS AT THE DAY CARE SITE?

HS-2-169

HS-2-170*

WHO HAS UNRESTRICTED ACCESS TO CHILDREN'S HEALTH RECORDS?

Name (s) Position (s) HS-2-170

SS/A/HS-171*

DO YOU HAVE DIFFICULTY OBTAINING INFORMATION FROM HEALTH CARE OR OTHER COMMUNITY SERVICE PROVIDERS EVEN WHEN YOU HAVE THE PARENT'S CONSENT TO CONTACT THE SERVICE PROVIDER?

SS/A/HS-2-171

Skip to HS-2-174	No Difficulty Experienced	1
	Difficulty Experienced	3

WHAT IS CAUSING THE DIFFICULTY?

SS/A/HS-2-172

SS/A/HS-2- 173

WHAT HAS THE DAY CARE PROGRAM TRIED TO DO TO OVERCOME THE DIFFICULTY?

SS/A/HS-2-173

HS-2-174

DOES YOUR PROGRAM EVER ARRANGE FOR OR PROVIDE HEALTH SCREENING OR TREATMENT SERVICES WHEN PARENTS ARE NOT PRESENT? (e.g., anemia, TB, vision, hearing, developmental screenings or immunizations.)

HS-2-174

	Yes	1
Skip to HS-2-178	No	3

HS-2-175

WHAT TESTS OR PROCEDURES DO YOU ARRANGE FOR OR PROVIDE?

HS-2-175

HS-2-176

HOW, IF AT ALL, DOES YOUR PROGRAM INFORM PARENTS ABOUT YOUR PLANS TO PERFORM THESE SERVICES?

HS-2-176

HS-2-177

HOW, IF AT ALL, DOES YOUR PROGRAM INFORM THE PARENT ABOUT THE RESULTS OF THE TESTS OR THAT THE CHILD ACTUALLY RECEIVED THE TREATMENT? (e.g., types of communication methods used.)

HS-2-177

SS/T/HS-2-178*

DOES YOUR PROGRAM EVER ARRANGE FOR OR PROVIDE TRANSPORTATION OR ESCORT SERVICES TO HELP CHILDREN AND/OR THEIR PARENTS REACH A HEALTH CARE OR OTHER COMMUNITY SERVICE FACILITY?

SS/T/HS-2-178

	Yes	1
Skip to PI-2-181	No	3

SS/T/HS-2-179*

UNDER WHAT CIRCUMSTANCES DOES THE PROGRAM PROVIDE TRANSPORTATION AND/OR ESCORT?

SS/T/HS-2-179

SS/T/HS-2-180

HOW OFTEN DID THE PROGRAM PROVIDE TRANSPORTATION AND/OR ESCORT ASSISTANCE IN THE PAST YEAR?

SS/T/HS-2-180

Frequency

RP-2-181

BEFORE A CHILD'S RECORDS ARE FORWARDED, DOES THE PROGRAM ROUTINELY OBTAIN PARENTAL CONSENT TO FORWARD THE RECORD?

RP-2-181

Yes	1
No	3

RP-2-182

HOW LONG IS A COPY OF A CHILD'S RECORD KEPT AFTER THE CHILD LEAVES?

(If records are not kept write "Not Kept".)

RP-2-182

Length of Time Records Are Kept

The following items are about parent involvement and communications

PI-2-183-194

On the chart below, indicate in Column 2 what method, if any, is used to communicate with parents about each policy or activity listed in Column 1. Draw a diagonal line through any policy or activity not appropriate to your program.

PI-2

Column 1	Column 2					
	Method of Communication					
Policies/Activities	Code Each	Oral	Written	Phone	Posted Notice	Other Used (Specify)	
Financial Eligibility		1	2	3	4		-183
Fee Policies		1	2	3	4		-184
Access to Child's Record		1	2	3	4		-185
Termination Policy		1	2	3	4		-186
Attendance Policy		1	2	3	4		-187
Priority Status		1	2	3	4		-188
Center Closings		1	2	3	4		-189
Parent Involvement Activities		1	2	3	4		-190
Appeal Policies		1	2	3	4		-191
Grievance Policies		1	2	3	4		-192
Parent Advisory Board		1	2	3	4		-193
Progress and Problems of Individual Children		1	2	3	4		-194

PI-2-195*

WHAT METHODS ARE USED TO ENCOURAGE PARENTS TO BECOME INVOLVED?

PI-2-195

N-2- 196

ARE PARENTS GIVEN A COPY OF THE MENU IN ADVANCE TO KEEP AT HOME?

N-2-196

Yes	1
No	3

The following questions are about nutrition activities

05

N-2-197-201

WHICH MEALS DO YOU SERVE THE DAY CARE CHILDREN AND AT WHAT TIME ARE THEY USUALLY SERVED?

Meal	Record Time	Meal Not Served (N-2)	
Breakfast		9	-197
A.M. Snack		9	-198
Lunch		9	-199
P.M. Snack		9	-200
Supper		9	-201

N-2-202*

HOW OFTEN ARE MENUS PLANNED?

Record Frequency:	N-2-202

N-2-203

HOW OFTEN ARE COMPLETE MENUS REUSED?

Record Frequency:	N-2-203

Skip to N-2-205 if there are no infants 4 to 6 months of age in program

N-2-204

WHAT KIND OF SOLID FOOD ARE INFANTS 4 TO 6 MONTHS OF AGE USUALLY FED: COMMERCIALLY PREPARED JAR BABY FOOD OR BLENDED FOOD PREPARED BY SITE STAFF?

		N-2-204
Site Prepared Food	1	
Jar Food	3	

N-2-205*

HOW MANY CHILDREN AT THIS SITE REQUIRE A SPECIAL DIET?

	Record Number	N-2-205
Skip to DH-2-210	None	9

N-2-206-208*

HOW MANY CHILDREN REQUIRE SPECIAL DIETS FOR EACH OF THE FOLLOWING REASONS?

	Number (N-2)	
FOR MEDICAL REASONS (e.g., allergy, diabetes, obesity, anemia, undernutrition)		-206
FOR ETHNIC, CULTURAL OR RELIGIOUS REASONS (Specify type of diet, e.g., Kosher, vegetarian)		-207
FOR ANY OTHER REASONS (Specify type of diet)		-208

50

N-2-209

IS THIS SITE USING THE CHILD CARE FOOD PROGRAM?

N-2-209

Yes	1
No	3

-- The next question is about dental health--Skip to FA-2-211 if this site is in an area where community water is fluoridated.

DH-2-210

HOW DOES THE PROGRAM DETERMINE THAT CHILDREN RECEIVE DAILY FLUORIDE SUPPLEMENTS? (Do not include use of fluoride toothpaste.)

DH-2-210

_____

_____

The next questions are about first aid and emergency preparedness.

FA-2-211

HOW MANY OF YOUR STAFF HAVE SUCCESSFULLY COMPLETED FIRST AID TRAINING?

FA-2-211

_____
Number

FA-2-212

HOW MANY OF THE VOLUNTEERS WHO ARE CURRENTLY INVOLVED WITH THE CHILDREN HAVE SUCCESSFULLY COMPLETED FIRST AID TRAINING?

FA-2-212

_____
Number

Skip to RP-2-214 if no staff or volunteers are trained in first aid.

FA-2-213

WHEN WAS THE LAST PRE-SERVICE OR IN-SERVICE TRAINING FOR ALL STAFF IN FIRST AID?

FA-2-213

_____
Month/Year

RP/EE-2-214

WHEN WAS THE EMERGENCY MEDICAL DATA AND EMERGENCY CONTACT INFORMATION LAST VERIFIED AND UPDATED FOR ALL CHILDREN AND STAFF?

RP/EE-2-214

_____
Month/Year

RP/EE-2-215

IS THE EMERGENCY MEDICAL DATA AND CONTACT INFORMATION TAKEN ON ALL TRIPS?

RP/EE-2-215

If no, explain_____

_____

_____

	Yes	1
Explain	No	3

The following questions are about environmental quality and safety aspects of your program

ES-2-216

HAVE THERE BEEN ANY ADULT OR CHILD ACCIDENTS AT THIS SITE IN THE PAST 12 MONTHS?

ES-2-216

	Yes	1
Skip to ES-2-219	No	3

ES-2-217

ABOUT HOW MANY ACCIDENTS HAVE OCCURRED IN THE PAST 12 MONTHS?

ES-2-217

[ ]
Number of Accidents

ES-2-218

HOW MANY, IF ANY, OF THESE ACCIDENTS REQUIRED INPATIENT HOSPITALIZATION?

ES-2-218

[ ]
Number

Skip to ES-2-219 if there are no accident records at this site

ES-2- 218a-218b

WHEN WERE THE ACCIDENT RECORDS LAST REVIEWED AND WHAT WAS FOUND?

ES-2

Date:	-218a
Findings:	-218b

ES-2-219-221

WHERE IS ACCUMULATED TRASH STORED UNTIL IT IS REMOVED FROM THE PROPERTY?

ES-2

		Yes	No	
Out Of Facility	Metal or Cement Building	1	3	-219
	Other type of Building (Specify)	1	3	-220
Inside the Facility (Specify Where)		1	3	-221
Other (Specify Where)				

Code 1

ES-2-222

ARE THE CHILDREN'S DIAPERS OR SOILED UNDERWEAR WASHED BY THE SITE STAFF USING HOME TYPE WASHING MACHINES OR HANDWASHING SINKS?

ES-2-222

Site Staff Does Not Wash	1
Site Staff Does Wash	3

ES-2- 223

LIST ALL PETS ACCESSIBLE TO CHILDREN AT THIS SITE. FOR EACH, INDICATE WHAT PRECAUTIONS HAVE BEEN TAKEN TO ASSURE THAT THE PET DOES NOT POSE A HEALTH HAZARD TO CHILDREN.

Type of Pet	Precautions Taken

ES-2-223

ES-2- 224

WHAT IS THE NAME OF ANY EXTERMINATOR COMPANY YOU USE AND THE DATE OF THE MOST RECENT VISIT BY THE EXTERMINATOR?

ES-2- 224

Name of Company:		
Date:		
Skip to ES-2-228	No Exterminator	9

ES-2- 225

IN WHAT AREAS AND ON WHAT SURFACES DID THE EXTERMINATOR APPLY HIS CHEMICAL?

ES-2- 225

	Kitchen	Child Care Areas	Toilets
	Code Each Area		
On cracks and crevices (baseboards)	1	1	1
On a variety of surfaces but on none of the areas used by children	2	2	2
On a variety of surfaces including areas used by children	3	3	3
Don't Know	4	4	4
Other (specify) —			

ES-2- 226

WHAT CHEMICAL DID THE EXTERMINATOR USE?

ES-2- 226

Name of Chemical:	
No Name Given	9

ES-2-227

ARE CHILDREN PRESENT WHEN THE EXTERMINATOR APPLIES CHEMICALS?

ES-2-227

Yes	1
No	3

O-2-228

DOES THIS FACILITY EVER SET UP OR USE A WADING OR SWIMMING POOL?

O-2-228

If yes, explain what is used

_____

_____

Explain	Yes	1
	No	3

O-2-231

DOES THE PROGRAM PROVIDE OR ARRANGE FOR TRANSPORTATION FOR ANY CHILDREN TO OR FROM THEIR HOMES, OR ON TRIPS TO OR FROM THE CHILD CARE SITE?

O-2-231

	Yes	1
Skip to HE-2-244	No	3

O-2-232-237

WHICH OF THE FOLLOWING TYPES OF VEHICLES DOES THE PROGRAM EVER USE TO TRANSPORT CHILDREN?

O-2

	Code Each	Yes	No	
Car		1	3	-232
Van or Minibus		1	3	-233
School Bus for Children Under Age 6		1	3	-234
School Bus for Children Over Age 6		1	3	-235
Commercial Bus (e.g., SEPTA)		1	3	-236
Trolley		1	3	-237
Other (Specify)				

Skip to T-2-239 if a car, van/minibus, and/or school bus are never used for children under age 6.

T-2-238

FOR EACH VEHICLE AND FOR EACH AGE GROUP, ENTER YOUR RESPONSE IN COLUMNS 1, 3 & 4 FOR EACH. (Use additional sheets if more than one vehicle of any type is used by the program.)

T-2-238

Column 1 Manufacturer's Stated Vehicle Capacity*	Column 2 Age of Children Transported Together in the Same Vehicle	Column 3 What is the Maximum Number of Children Your Program Ever Transports at One Time in Each of the Vehicles You Use?	Column 4 What is the Maximum Number of Children per Attendant? Please Do Not Count the Driver as An Attendant.
Car	Children 0-15 months old		
	Children 3-6 years old		
#	Children 0-6 years old		
Van or Minibus	Children 0-15 months old		
	Children 3-6 years old		
#	Children 0-6 years old		
School Bus	Children 0-15 months old		
	Children 3-6 years old		
#	Children 0-6 years old		

*Obtain from serial plate located in the vehicle or from the owner's manual.

Skip to T-2-241 if children are never transported by car, van or minibus

T-2-239

DOES EACH CHILD WEAR AN AGE APPROPRIATE RESTRAINING DEVICE WHENEVER THE VEHICLE IS IN MOTION?

If no, explain _____

T-2-239

	Yes	1
Explain	No	3

T-2-240

DESCRIBE OR GIVE THE BRAND NAME OF THE RESTRAINING DEVICE(S) YOU USE WHEN YOU TRANSPORT THE CHILDREN.

_____ T-2-240

T-2-241

LIST EACH INDIVIDUAL WHO DRIVES THE CHILDREN ON BEHALF OF THE PROGRAM. COMPLETE COLUMNS 2 AND 3 TO SHOW AGE AND CERTIFICATION FOR DRIVING CHILDREN. (Attach additional sheets to this page if needed.)

T-2-241

Column 1 Name of Driver	Column 2 Age	Column 3 Class of Vehicle on Drivers License

T-2-242

HOW MANY OF THE DRIVERS NAMED IN T-2-187 HAVE PARTICIPATED IN DRIVER TRAINING FOR TRANSPORTING CHILDREN IN THE PAST 4 YEARS?

T-2-242

Number

T-2-243

HOW MANY OF THE DRIVERS NAMED IN T-2-187 HAVE PARTICIPATED IN FIRST AID TRAINING IN THE PAST 4 YEARS?

T-2-243

Number

TR-2- 244

THE NEXT ITEMS CONCERN TOPICS WHICH MIGHT BE ADDRESSED BY TRAINING IN A DAY CARE SETTING. A LIST OF EXAMPLES OF TRAINING TOPICS IS GIVEN BELOW TO HELP YOU RECALL TOPICS YOUR PROGRAM HAS COVERED. USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

LIST THE TOPICS ADDRESSED IN A PLANNED WAY BY OR FOR YOUR PROGRAM IN THE PAST YEAR IN COLUMN 1. FOR EACH TOPIC YOU LIST, CODE COLUMN 2 TO INDICATE FOR WHOM THE TRAINING WAS GIVEN. IN COLUMN 3, IDENTIFY THE METHOD USED AND IN COLUMN 4, WHO LED THE ACTIVITY.

Examples Of Training Topics

- Center Policies
- Staff Job Descriptions
- Working Relationships
- Child Development
- Food Preparation
- Food Storage
- General Nutrition
- Cooking Experiences for Children
- Community Resources
- Assistance Programs (WIC, EPSDT, etc.)
- Parent Involvement
- Medication Administration
- Family Planning/Sex Ed.
- Menu Planning
- Food Purchasing
- Food Service Record Keeping
- Use of Records and Forms
- Career Development
- Environmental Quality & Safety
- Dental Health
- Health Habits/Personal Hygiene & Sanitation
- Fire Drill Procedures
- Transportation Safety
- Management of Minor Symptoms of Illness
- Routine Health Supervision Services
- Screening Tests
- Immunizations
- Developmental Assessment
- First Aid

TR -2- 244

Column 1	Column 2				Column 3	Column 4
	Code All That Apply					
Training Topic	Children	Parents/ Community	Staff	Volunteers	Method(s) Used e.g., posters, pamphlets, speakers, meetings, trips, etc.	Who Led The Activity
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		
	1	2	3	4		

SN-2-245-253

CHILDREN WITH SPECIAL NEEDS

LOOK AT THIS LIST OF TYPES OF SPECIAL PROBLEMS WHICH CHILDREN MAY HAVE. IN COLUMN 2 WRITE HOW MANY OF THE CHILDREN YOU CARE FOR NOW HAVE, OR YOUR STAFF SUSPECT OF HAVING ANY OF THESE PROBLEMS WHICH REQUIRE SPECIAL ATTENTION OR PLANNING? THEN COMPLETE COLUMNS 3 AND 4.

SN-2

Column 1	Column 2	Column 3			Column 4			
Problem Area	# of Children With Problem	Has Professional Evaluation Been Sought For Each Child With The Problem?			Do You Have A Plan For Helping To Deal With Each Child's Problem Within The Day Care Program?			
		Yes	No	If No, Explain Why Not	Yes	No	If No, Explain Why Not	
SN-2-245 SPEECH AND LANGUAGE		1	3		1	3		245
SN-2-246 EAR AND HEARING (Include any hearing problem which has lasted more than 3 months)		1	3		1	3		246
SN-2-247 EYE (Include children who need or might need glasses and other eye problems)		1	3		1	3		247
SN-2-248 PHYSICAL (Those whose bodies are malformed or do not function normally)		1	3		1	3		248
SN-2-249 PSYCHOLOGICAL/BEHAVIORAL & EMOTIONAL (Those who are either unusually sad and upset or who make others upset)		1	3		1	3		249
SN-2-250 DEVELOPMENTAL (Following directions, reasoning, remembering, learning, paying attention)		1	3		1	3		250
SN-2-251 ALLERGY		1	3		1	3		251
SN-2-252 ASTHMA		1	3		1	3		252
SN-2-253 OTHER (e.g. epilipsy, diabetes, skin problem, dental problems, or other chronic disease. Specify.		1	3		1	3		253

0-2- 254

THIS EVALUATION IS TO IDENTIFY AREAS IN WHICH YOUR PROGRAM NEEDS HELP. YOU MAY HAVE SOME SPECIFIC PROBLEMS WHICH WERE NOT ASKED ABOUT IN THIS QUESTIONNAIRE. DESCRIBE BRIEFLY WHICH TWO OR THREE PROBLEMS CAUSE THE MOST DIFFICULTY FOR YOUR PROGRAM. EXPLAIN WHAT IT IS ABOUT EACH OF THESE PROBLEMS THAT CAUSES CONCERN TO YOUR PROGRAM. WHAT TYPE OF HELP WOULD YOU LIKE TO RECEIVE?

0-2-254

_____

_____

_____

_____

_____

_____

THIS SELF-ADMINISTERED QUESTIONNAIRE IS NOW COMPLETED. PLEASE CHECK EACH PAGE TO BE SURE YOU RESPONDED IN SOME WAY TO EACH QUESTION (CODED, SLASHED OR FILLED-IN).

THANK YOU FOR THIS INFORMATION. IT WILL HELP US TO IMPROVE DAY CARE FOR CHILDREN IN PENNSYLVANIA.

Name of Site_____ Date Questionnaire Completed_____

Name of Respondent_____ PART 2A

SELF-ADMINISTERED QUESTIONNAIRE

For Chief Officer of Policy Group Which Most Directly Impacts on Policies Followed By This Site

Orientation To This Questionnaire:

As you know, the Department of Public Welfare is assessing the day care program conducted at this site. The information collected will be used to identify the strong areas of the program and the areas in which the program needs to improve. This questionnaire asks about administrative and supervisory procedures which affect you or your position. Please try to answer as frankly as you can. Feel free to explain your answers or indicate that you do not know, if you are unsure about a procedure.

Circle the numbers to the right of the responses to record your answers.

A/PI-2A-001

HOW WERE YOU CHOSEN AS A MEMBER OF THE POLICY GROUP?

A/PI-2A-00

Elected	1
Appointed	2
Volunteered	3

A/PI-2A-002

HOW WERE YOU CHOSEN AS AN OFFICER OF THE POLICY GROUP?

A/PI-2A-00

Elected	1
Appointed	2
Volunteered	3

A/PI-2A-003

HOW LONG HAVE YOU BEEN A MEMBER OF THE POLICY GROUP?

A/PI-2A-00

Less Than One Year	1
One to Two Years	2
Three Years or More	3

A/PI-2A-004

HOW LONG HAVE YOU BEEN AN OFFICER OF THE POLICY GROUP?

A/PI-2A-00

Less Than One Year	1
One To Two Years	2
Three Years or More	3

A/PI-2A-005-013

DO YOUR DUTIES INCLUDE:
(Circle a number for each duty listed)

	PI-2A Yes	No	
ASSISTING IN THE PREPARATION OF CONTRACTS?	1	3	-005
REVIEWING PROPOSALS FOR FUNDING OF THIS SITE?	1	3	-006
APPROVING PROPOSALS TO BE SUBMITTED FOR FUNDING OF THIS SITE?	1	3	-007
RECOMMENDING POLICY AND OPERATIONAL PROCEDURES TO THE STAFF?	1	3	-008
HEARING PARENT GRIEVANCES?	1	3	-009
ASSURING DISTRIBUTION OF MEETING MINUTES?	1	3	-010
REVIEWING POLICIES OF THE DEPARTMENT OF PUBLIC WELFARE?	1	3	-011
REVIEWING FEDERAL POLICIES WHICH APPLY TO THIS SITE'S OPERATION?	1	3	-012
REVIEWING RESUMES OF STAFF APPLICANTS?	1	3	-013
OTHER (Specify)			

A/PI-2A-014

TO WHOM DO YOU PROVIDE INPUT (I.E., ADVICE, INSTRUCTIONS)?

	A/PI-2A-014
Director of Program	1
Governing Board	2
Other (specify)	

A/PI-2A-015

BY WHAT METHOD DO YOU PROVIDE THIS INPUT?

	A/PI-2A-015
Written communication	1
Oral communication	2
Voting as a member of governing board	3
Non-voting attendance at governing board	4
Other (specify)	

PI-2A-016

TO YOUR KNOWLEDGE, HOW MANY GRIEVANCES HAVE BEEN FILED DURING THE PAST YEAR?
If you do not know, write "do not know" in the response box.

PI-2A-016

Number

PI-2A-017

HOW MANY GRIEVANCES FILED DURING THE PAST YEAR ARE STILL UNRESOLVED?

PI-2A-017

Number

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. YOUR RESPONSES WILL BE COMBINED WITH THE OTHER INFORMATION BEING COLLECTED ABOUT THE PROGRAM TO SEE HOW TO IMPROVE CHILD DAY CARE SERVICE.

CHILD DAY CARE CENTER

CHILD DEVELOPMENT PROGRAM EVALUATION

PART 3--Initial Site Interview, Records and Files

Instrument Process Log:

Date Data Collected _____

Number on DPW Certificate Of Compliance _____

Program Specialist:

_____
Name

ORIENTATION OF RESPONDENTS TO CDPE-C PARTS 3 & 4

CIRCLE EACH STEP NUMBER TO INDICATE THAT YOU COMPLETED IT:

1. Introduce yourself and review the purpose of your visit:

   TO ASSESS THE DAY CARE PROGRAM AT THIS SITE.

2. Review the content and organization of the visit:

   a. Collection of Forms and Documents and Self-Administered Questionnaires (Items in Part 1A: White Section, Parts 2 and 2A: Green Section).

   b. Examination of files and records (Items in Part 3: Yellow Section).

   c. Address questionnaires for mail-out to Parent/Consumers (Part 3A: Yellow Section).

   d. Tour of the facility including observation of caregiving, mealtime preparation and service, interview of selected staff members and caregiver interviews (Part 4 and 4A: Pink and White Sections).

3. Before beginning, ask day care program staff if there are any concerns or issues they would like to raise.

Child Development Program Evaluation Tool Prepared by:
Richard Fiene and Earl Douglas of The Bureau of Child Development Programs of The Pennsylvania Department of Public Welfare, Harrisburg, Penna. 17120 and by Susan S. Aronson, M.D., F.A.A.P., The Health Advocacy Training Program, The Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, Penna. 19129, with input and consultation from Task Force Members and Consultants shown on page 2 of this document.

Funded by contract funds from Pennsylvania DPW Contract Numbers 5139 and 5200.

ORIENTATION OF RESPONDENTS CONT'D

4. Explain the Instrument:

   a. ALL THE ITEMS IN THIS FORM ARE DERIVED EITHER FROM FEDERAL REGULATIONS, STATE REGULATIONS OR RECOMMENDATIONS OF NATIONAL CHILD DEVELOPMENT, SOCIAL SERVICE, HEALTH AND SAFETY STANDARD-SETTING ORGANIZATIONS.

   b. THE FORM HAS MANY PAGES BECAUSE EVERYTHING I AM TO CHECK IS DESCRIBED IN DETAIL AND ROOM IS PROVIDED FOR ME TO WRITE WHAT I FIND. IT USUALLY TAKES A DAY FOR ME TO COMPLETE THE FORM BUT USUALLY ONLY 1½ HOURS OF TOTAL PROGRAM STAFF TIME ARE REQUIRED. IF YOU WISH, YOU MAY WATCH ME DO THE THINGS WHICH I CAN DO ALONE. IF YOU'D RATHER DO OTHER THINGS IN THAT TIME, PLEASE DO NOT FEEL YOU HAVE TO STAY WITH ME.

   c. SOME THINGS I CHECK WILL BE THINGS WHICH YOU DO NOT DO FOR GOOD REASONS. FOR THESE ITEMS, I WILL WANT TO WRITE DOWN WHY YOU DO NOT OR CANNOT DO THEM.

   d. DO YOU HAVE ANY QUESTIONS?

5. Explain WHO WILL HAVE ACCESS TO THE INFORMATION collected:

   a. Staff of this day care program
   b. Data Processing personnel
   c. State and Federal Agency staff as required by law
   d. State approved trainers and consultants working with your program

6. Explain that a copy of the completed form will be returned to the day care program.

   TO WHOM SHOULD THE DAY CARE PROGRAM COPY BE SENT? _____ 0-3-001
   Name

   At _____ 0-3-002
   Location

7. Ask if your cover letter with the Forms and Documents List, Location List and Self-Administered Questionnaires was received and the tasks completed.

8. Check that all the items in Parts 1, 1A, 2 and 2A are complete.

   a. If Forms and Documents List was received and filled out, ask for the list and examine it to see if answers are clear with regard to action status of form. Also check to see if documents listed as "will provide at site visit" are actually provided. Substitute current documents for obsolete ones you brought from your files.

      If List was not received or not filled out, hand the respondent a copy of the List and ask that it be filled out and the documents collected by the time you leave today.

   b. If Location List was received and filled out, check to see that answers are clear.

      If List was not received or not filled out, hand the respondent a copy of the List and ask that it be filled out so that you can use it when you tour the facility today.

   c. If Self-Administered Questionnaires were received and filled out, examine them and see if answers are complete and clear.

      If Questionnaires were not received or not filled out, hand the respondent a copy of each of the Questionnaires and ask that they be filled out by the end of your visit today.

IS EACH STEP NUMBER ABOVE CIRCLED? I.E., HAVE YOU GIVEN AND GATHERED ALL NECESSARY INFORMATION CALLED FOR ON THIS PAGE?

Decide whether you will be doing records and the site tour on the same day or on different days. Modify the day in your questions about availability of staff to you depending on your decision.

I HAVE A FEW PRELIMINARY QUESTIONS TO ASK YOU, THEN I WILL LOOK AT THE RECORDS, TOUR THE SITE AND COMPLETE THE FORM.

Ask your respondent to describe the general layout of all areas of the facility being used for any purpose by the day care program.

0-3-003-008

WHAT FLOOR LEVELS ARE USED FOR ANY PURPOSE BY THE DAY CARE SITE?

	Code all that Apply		
Fully below ground level		1	-003
Partially below ground level		2	-004
Ground level to 3 steps above ground		3	-005
More than 3 steps above ground to 1 level above ground		4	-006
2 levels above ground		5	-007
More than 2 levels above ground		6	-008

0-3-009

I WILL BE OBSERVING AND TALKING WITH STAFF HERE TODAY. ARE YOU HAVING ANY PROBLEMS WITH STAFF ABSENCES OR OTHER STAFF COVERAGE PROBLEMS TODAY WHICH I SHOULD KNOW ABOUT BEFORE I BEGIN?

0-3-009

	Yes	1
Skip to 0-3-011	No	3

0-3-010

WHAT IS THE PROBLEM?

0-3-010

_____

_____

0-3-011-012

WHERE AND WHEN CAN I OBSERVE MEALTIME PREPARATION AND SERVICE TODAY?

_____ 0-3-011

Time of Preparation — Location of Preparation

_____ 0-3-012

Time of Service — Location of Service

0-3-013

WHO IS RESPONSIBLE FOR FOOD PREPARATION TODAY?
(Include individuals who do last minute preparations at day care sites for which primary food preparation is done at another location)

0-3-013

Name:		
Skip to 0-3-015	No Person Available	3

0-3-014

WHEN CAN (Person Named in 0-3-013) BE AVAILABLE FOR A FEW MINUTES TODAY?

0-3-014

Time

Questions to be asked of food preparation staff are 0-4-013 to 019.

0-3-015

I WILL WANT TO LOOK AT MEDICATION RECORDS FOR ANY CHILDREN WHO ARE CURRENTLY RECEIVING MEDICATION ADMINISTERED BY THE DAY CARE PROGRAM. ARE THERE ANY SUCH CHILDREN?

0-3-015

	Yes	1
Skip to FA-3-017	No	3

0-3-016

WHAT ARE THEIR NAMES?

0-3-016

Names of children receiving medication whose records are to be checked in RC-3-046 to 054

FA-3-017

WHO WOULD BE COUNTED ON FOR GIVING FIRST AID TODAY?

If no person is available today, explain why

FA-3-017

Name:		
Skip to 0-3-019	No Person Available	3

FA-3-009

WHEN CAN (Person named in FA-3-017) BE AVAILABLE FOR A FEW MINUTES TODAY?

FA-3-018

Time

Questions to be asked of first aid person are FA-4-204 to 206.

0-3-019

I WILL BE OBSERVING STAFF/CHILD RATIO AND ROOM SIZE FOR GROUPS OF CHILDREN AT THIS SITE. PLEASE TELL ME HOW CHILDREN ARE GROUPED. Record response.

0-3-019

0-3-020

I WILL BE OBSERVING TWO CAREGIVERS AT THIS SITE. PLEASE TELL ME THE NAMES OF THE TWO CAREGIVERS YOU WOULD PREFER TO HAVE ME OBSERVE.

Name of 1st Caregiver _____ Name of 2nd Caregiver

0-3-021

FOR BOTH CAREGIVERS YOU'VE CHOSEN FOR ME TO OBSERVE, TELL ME WHEN WILL THEIR GROUP HAVE ITS MAIN INDOOR ACTIVITY TIME TODAY AND WHERE WILL I BE ABLE TO FIND THE GROUP AT THAT TIME?

0-3-021

Caregiver To Be Observed	Main Activity Time Of Group	Location of Group
1		
2		

Skip to 0-3-023 if there are no pre-school children

0-3-022

I WILL BE OBSERVING 3 PRE-SCHOOL CHILDREN (TODAY). PLEASE GIVE ME THE NAMES OF 3 CHILDREN WHOM YOU WOULD PREFER TO HAVE ME OBSERVE AND TELL ME WHERE AND WHEN I WILL FIND THEM AT THEIR MAIN ACTIVITY TIME TODAY.

Name _____ Location at Main Activity Time _____ Time

Name _____ Location at Main Activity Time _____ Time

Name _____ Location at Main Activity Time _____ Time

0-3-023

DURING MY VISIT, I PLAN TO CONDUCT A 10 TO 15 MINUTE INTERVIEW WITH 2 CAREGIVERS. PLEASE GIVE ME THE NAMES OF 2 CAREGIVERS WHOM I CAN INTERVIEW. TELL ME WHAT TIME IS MOST CONVENIENT AND WHERE I WILL FIND THEM AT THAT TIME.

Name _____ Location _____ Time

Name _____ Location _____ Time

Check the Location List to see if the site has a vehicle they use to transport children. If they do, ask

O-3-024

WHEN CAN I INSPECT THE VEHICLE YOU USE TO TRANSPORT CHILDREN? _____ Time

PLEASE TELL ALL THE PEOPLE YOU HAVE NAMED TO ME THAT I WILL BE ASKING THEM A FEW QUESTIONS (TODAY).

NOW I WOULD LIKE TO LOOK AT THE RECORDS AND TOUR THE SITE. PLEASE ACCOMPANY ME AS I WALK THROUGH THE SITE AND MAKE MY FIRST OBSERVATIONS. AFTERWARD, YOU MAY EITHER ACCOMPANY ME OR FEEL FREE TO TAKE CARE OF OTHER BUSINESS UNTIL I NEED TO TALK WITH YOU AGAIN.

WHEN AND WHERE WILL I FIND YOU BEFORE I LEAVE TODAY? _____ Location _____ Time

Make sure that you know where the kitchen, bathrooms, food and record storage areas are located. Plan your schedule on the worksheet below to permit you to make the necessary observations and to complete the form. Note that the caregiver and pre-school observations should total about 45 minutes.

Worksheet To Plan Your Visit

	Time(s)	Location(s)
Main Activity Time for Observation of Caregiver #1		
Main Activity Time for Observation of Caregiver #2		
Main Activity Time for Observation of Pre-schooler #1		
Main Activity Time for Observation of Pre-schooler #2		
Main Activity Time for Observation of Pre-schooler #3		
Mealtime Preparation		
Mealtime Service		
Caregiver Interview #1		
Caregiver Interview #2		
First Aid Interview		
Program Specialist Lunch		
Vehicle available for inspection		
Closing Interview		

Random Record Selection Procedure

All records for individual adults and children are to be selected randomly from available files. The method for random selection is detailed in your manual and outlined briefly below:

1. Divide the total number of available records of the particular type you are to examine by 10. Round the number off to the nearest whole number if necessary. The number you obtain is the interval number of records skipped between records you will select to review.

2. Close your eyes and pick a random spot in the file to pull your first record.

3. Use the number obtained from the calculation in #1 to count forward and backward from the random spot chosen in #2. Pull one record at each interval until a total of 10 records have been pulled to examine.

The following items pertain to staff, substitute and volunteer Health and Personnel Records

RP-3-025

Except for emergency information, are staff, substitute and volunteer records stored in a restricted access location?

RP-3-025

Yes	1
No	3

RP-3-026-028

Use the written list of names provided by the day care site (Form and Documents List Item A-1-028) to match the list against the program's files. Count and record whether health records are available for each name on the list.

RP-3

Position	Number Of Names On The List	Number For Which A Record Is Available	
Staff			-026
Substitutes			-027
Volunteers			-028
Other (Specify) _____ _____ _____			

O-3-029

For Multi-site Agencies, ask

PLEASE GIVE ME THE NAMES OF ANY EMPLOYEES WHO ARE EVER INVOLVED WITH CHILDREN AT THIS SITE WHO ARE NOT ON THIS STAFF LIST.

O-3-029

Names of Other Employees		
Skip to instruction following O-3-030	No Other Employees	9

O-3-030

O-3-030

WHERE ARE THEIR RECORDS KEPT?

_____
Location

Arrange to examine files where records of other employees are kept at least once a year. Use an additional copy of the Adult Record form to assess records if it was not done within the past 12 months.

_____
Most recent date when Records of Multi-site Staff Were Checked

RC-1-031-051

ADULT RECORDS

Instructions: From the list of staff, substitutes and volunteers provided by the program, select adult records to examine using the Random Selection Procedure. Check each adult's record for the following items and record data as specified in the Recording Instruction Column. Any of the site's records for the adult may be used. Some of the information may be stored in records other than those you are examining. If the record you are examining does not contain a piece of information you need, ask for it.

RC-3

Item	Recording Instructions		ADULT #1	ADULT #2	ADULT #3	ADULT #4	ADULT #5	ADULT #6	ADULT #7	ADULT #8	ADULT #9	ADULT #10	
Adult's INITIALS	Copy												-031
JOB TITLE	Copy												-032
STARTING SALARY	Copy												-033
PRESENT SALARY	Copy												-034
STARTING DATE with AGENCY	Copy												-035
HEALTH ASSESSMENT Date (Slash if no Information)	Copy												-036
TB SCREENING (Slash if no Information)	Date / Result												-037
DID PHYSICIAN SIGN HEALTH ASSESSMENT REPORT?	Code	1 Yes 2 No 3 Unclear											-038
Is there a note about the presence or absence of CHRONIC DISEASE?*	Code	1 Yes 2 No 3 Unclear											-039
Is Employee's ADDRESS Given?	Code	1 Yes 2 No											-040
Is Employee's PHONE NUMBER Given?	Code	1 Yes 2 No											-041
Is Employee's AGE OR BIRTH DATE Given?	Code	1 Yes 2 No											-042
Is EMPLOYMENT APPLICATION on File?	Code	1 Yes 2 No											-043
Is Statement of EXPERIENCE And EDUCATIONAL BACKGROUND On File?	Code	1 Yes 2 No											-044
Is A LETTER OF EMPLOYMENT OR FORMAL CONTRACT On File?	Code	1 Yes 2 No											-045
Is the WORK SCHEDULE ASSIGNMENT Noted?	Code	1 Yes 2 No											-046
Are Two WRITTEN CHARACTER REFERENCES (Other Than Family) On File?	Code	1 Yes 2 No											-047
Are SICK TIME RECORDS On File?	Code	1 Yes 2 No											-048
Are COMPENSATORY TIME RECORDS on File? (Code if any are found)	Code	1 Yes 2 No											-049
Is A Record of COURSES OR TRAINING Taken Since Employment on File?	Code	1 Yes 2 No											-050
Are EMPLOYMENT EVALUATION On File?	Code	1 Yes 2 No											-051

Comments

*Chronic Disease includes any illness which requires prolonged medical supervision and/or use of medication, e.g., hypertension, heart problems, diabetes, allergy, asthma, epilepsy, sickness, severe arthritis, kidney or vision problems, mental health problems, recurrent skin or respiratory infection, tuberculosis, hernia, sinusitis, tuberculosis. A note which says "No Chronic Diseases" or which names any known chronic diseases should be in each record.

Skip to RP-3-053 if site never sets up or uses a wading or swimming pool (See ES-3-052)

ES-3-052

If this site ever sets up or uses a wading or swimming pool, look for certificate of competence in rescusitation technique for staff who supervise swimming and wading activities.

Is at least one such certificate on file?

ES-3-052

Yes	1
No	3

The following items pertain to Children's Health Records

RP-3-053

Are all children's health records (except emergency information) kept in one office?

If no, explain_____

RP-3-053

	Yes	1
Explain	No	3

RP-3-054

Except for emergency information, are all children's health records stored in a restricted access location?

RP-3-054

Yes	1
No	3

RP-3-055

Say to the program staff informant--I'M ABOUT TO COUNT HEALTH RECORDS FOR CURRENTLY ENROLLED CHILDREN. PLEASE MAKE SURE THAT ALL THE RECORDS ARE HERE AND REMOVE OR SHOW ME ANY IN THE FILE WHICH ARE FOR CHILDREN WHO ARE NO LONGER ENROLLED.

RP-3-055

# of Records On File for Current Enrollees

Say to the program staff informant--PLEASE ORIENT ME TO THE LOCATION OF EACH ITEM OF HEALTH DATA FOR WHICH I WILL BE LOOKING IN THE PROGRAM'S HEALTH RECORDS.

RC-3-056

Children's Health Records

Instructions: Select 10 records to examine using the random selection procedure described in your manual. Check each record for the following items and record data as specified. Any of the site's records for the child may be used. Some information may be stored in records other than the child's record you are examining. If the record does not contain a piece of information you need, ask for it.

RC-3-056

ITEM	CHILD #1	CHILD #2	CHILD #3	CHILD #4	CHILD #5
Child's INITIALS (copy)					
BIRTHDATE (copy)					
ENROLLMENT DATE (copy)					
Is Child's Usual Source of HEALTH CARE Recorded? (circle code)	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3
HEALTH INSURANCE COVERAGE INFORMATION (Write: MA/DPA; private insurance; no insurance; or no information)					
Is HEALTH SERVICE CONSENT Or PARENT AGREEMENT to Provide All of Child's Health Care Present? (Circle Code)	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3
For the Most Recent Health Appraisal, Is There a Statement Which Indicates Whether FOLLOW-UP TREATMENT OR SPECIAL CARE Was Required? (Circle Code)	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3
EPSDT SCREENED (some children are not eligible) — Date					EPSDT
HEALTH HISTORY — Date					HH
PHYSICAL EXAMINATION — Date					PE
SCREENINGS: HEIGHT AND WEIGHT — Date					HW
VISION Screening — Date / Result					VS
SPEECH/LANGUAGE Screening — Date / Result					SL
HEARING Screening — Date / Result					H
URINE Screening — Date / Result					U
TB Screening — Date / Result					TB
ANEMIA (HGB/HCT) Screening — Date / Result					A
LEAD Screening — Date / Result					L
DEVELOPMENTAL OR SCHOOL PERFORMANCE Screening — Date / Result					DSP
DENTAL Assessment — Date / Result					D
IMMUNIZATIONS: DPT (record two most recent dates) — Date / Date					DPT
POLIO (record two most recent dates) — Date / Date					P
MEASLES (if child had measles, write "dise") — Date Or Dise					M
RUBELLA (if child had rubella, write "dise") — Date Or Dise					R
MUMPS (if child had mumps, write "dise") — Date Or Dise					MU

COPY FROM SLASH IF THERE IS NO INFORMATION IN ANY RECORD

RC-3-056

ITEM		CHILD #6	CHILD #7	CHILD #8	CHILD #9	CHILD #10	
Child's INITIALS (copy)							
BIRTHDATE (copy)							
ENROLLMENT DATE (copy)							
Is Child's Usual Source of HEALTH CARE Recorded? (circle code)		YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	
HEALTH INSURANCE COVERAGE INFORMATION (Write: MA/EPA; private insurance; no insurance; or no information)							
Is HEALTH SERVICE CONSENT or PARENT AGREEMENT to Provide All of Child's Health Care Present? (Circle Code)		YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	
For the Most Recent Health Appraisal, Is There a Statement Which Indicates Whether FOLLOW-UP TREATMENT OR SPECIAL CARE Was Required? (Circle Code)		YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	YES 1 / NO 3	
EPSDT SCREENED (space children are not eligible)	Date						EP SDT
HEALTH HISTORY	Date						HH
PHYSICAL EXAMINATION	Date						PE
SCREENINGS	HEIGHT AND WEIGHT	Date							HW
	VISION Screening	Date Result							VS
	SPEECH/LANGUAGE Screening	Date Result							SL
	HEARING Screening	Date Result							H
	URINE Screening	Date Result							U
	TB Screening	Date Result							TB
	ANEMIA (HGB/HCT) Screening	Date Result							A
	LEAD Screening	Date Result							L
	DEVELOPMENTAL OR SCHOOL PERFORMANCE Screening	Date Result							DSP
	DENTAL Assessment	Date Result							D
IMMUNIZATIONS (SLASH IF THERE IS NO INFORMATION IN RECORD)	DPT (record two most recent dates)	Date Date							DPT
	POLIO (Record two most recent dates)	Date Date							P
	MEASLES (If child had measles, write "dise")	Date Or Dise							M
	RUBELLA (If child had rubella, write "dise")	Date Or Dise							R
	MUMPS (If child had mumps, write "dise")	Date Or Dise							M

Comments:

RC-3-057-085

CHILDREN'S SOCIAL SERVICE AND CHILD DEVELOPMENT RECORDS

Instructions: Select 10 records to examine using the random selection method. As you review each record, address and envelope for the Parent/Consumer Questionnaire. Remember to fill in your name and phone number on each Part 3A.

Have the staff orient you to where you will find each item you are to check. Check each record for each item. Code or record as indicated in the instruction column beside the items.

Any of the site's records for the child may be used. If the record you are examining does not contain a piece of information you need, ask for it.

Code "1" if item is PRESENT; "3" if item is NOT PRESENT; "4" if item is NOT APPLICABLE

Record DATE or Write NONE

	Item	CHILD #1	CHILD #2	CHILD #3	CHILD #4	RC-3 CHILD #5
INTAKE APPLICATION DATA	Child's Initials					-057
	Child's Birthdate					-058
	Child's Home Address					-059
	Parent(s)/Guardian(s) Full Name					-060
	" Home Address(s)					-061
	" Work Address(s)					-062
	" Home Phone No(s).					-063
	" Work Phone No(s).					-064
	Financial Eligibility Determination (Title XX)					-065
	Priority Status Assignment (Title XX)					-066
SOCIAL HISTORY	Family Composition (i.e., age, sex, education and/or occupation of household members)					-067
	Family's Reason for Needing Child Care					-068
	Child's Prior Child Care Experience					-069
CONSENTS	Field Trip					-070
	Swimming					-070
	Other (specify)					-070
PLACEMENT, FEES	An Agreement for Payment of Fee or Receipt of Free Service Signed by Parent and Program					-071
	Amount of Fee					-072
	Dates Fee is to be Paid					-073
	Records of Fees Paid					-074
SERVICE AGREEMENT	Location Where Service is to be Provided					-075
	Hours of Care to be Provided including Arrival and Departure Times					-076
	Nature and Scope of Service to be Provided					-077
	Date of Orientation to Parent Participation Responsibilities (e.g., vacation, absence parent involvement activities)					-078
	Date of Child's Pre-acceptance Visit to Site					-079
ASSESSMENT OF USE OF SERVICE	Child's Attendance					-080
	Date of Application					-081
	Date of Admission					-082
	Date of Most Recent Eligibility Re-determination (Title XX)					-083
	Date of Most Recent Statement About Child's Progress in Day Care					-084
	Date of Most Recent Conference with Parent/ Teacher/Social Worker		26			-085

Any of the site's records for the child may be used. If the record you are examining does not contain a piece of information you need, ask for it.

RC-3

Record DATE or WRITE NONE. Code "1" if item is PRESENT; "3" if item is NOT PRESENT; "4" if item is NOT APPLICABLE

	Item	CHILD #6	CHILD #7	CHILD #8	CHILD #9	CHILD #10	
INTAKE APPLICATION DATA	Child's Initials						-057
	Child's Birthdate						-058
	Child's Home Address						-059
	Parent(s)/Guardian(s) Full Name						-060
	" Home Address(s)						-061
	" Work Address(s)						-062
	" Home Phone No(s).						-063
	" Work Phone No(s).						-064
	Financial Eligibility Determination (Title XX)						-065
	Priority Status Assignment (Title XX)						-066
SOCIAL HISTORY	Family Composition (i.e., age, sex, education and/or occupation of household members)						-067
	Family's Reason for Needing Child Care						-068
	Child's Prior Child Care Experience						-069
CONSENTS	Field Trip						-070
	Swimming						-070a
	Other (specify)						-070b
PLACEMENT FEES	An Agreement for Payment of Fee or Receipt of Free Service Signed by Parent and Program						-071
	Amount of Fee						-072
	Dates Fee is to be Paid						-073
	Records of Fees Paid						-074
SERVICE AGREEMENT	Location Where Service is to be Provided						-075
	Hours of Care to be Provided including Arrival and Departure Times						-076
	Nature and Scope of Service to be Provided						-077
	Date of Orientation to Parent Participation Responsibilities (e.g., vacation, absence parent involvement activities)						-078
	Date of Child's Pre-acceptance Visit to Site						-079
ASSESSMENT OF USE OF SERVICE	Child's Attendance						-080
	Date of Application						-081
	Date of Admission						-082
	Date of Most Recent Eligibility Re-determination (Title XX)						-083
	Date of Most Recent Statement About Child's Progress in Day Care						-084
	Date of Most Recent Conference with Parent/ Teacher/Social Worker						-085

Comments:

RP-3-086

In looking through the records, is information organized well, that is, is information easy to find for each child?

If no, explain_____

PR-3-086

	Yes	1
Explain	No	3

RP-3-087

Were the same items of information found in the same relative place in all the records you examined?

If no, explain_____

RP-3-087

	Yes	1
Explain	No	3

Skip to EE-3-090 if no vehicle is owned or rented for use at this site.

T-3-088-089

Inspect the documents which describe the liability insurance coverage for the vehicles used by this site.

T-3

Coverage	Code Each	Yes	No	
Coverage is provided to cover personal injury		1	3	-088
Coverage is provided to cover property damage		1	3	-089

Skip to ES-3-090 if site has no fire (evacuation) drill log.

EE-3-090

Check the fire (evacuation) drill log. Record the date of the most recent fire drill. Write "none" if there is no date shown.

EE-3-090

Date

EE-3-091-094

Check the fire (evacuation) drill log for the times at which drills have been held. Does the record show any drill held between the following times:

EE-3

	Code Each	Yes	No	Site Not Open	
7 a.m. and 10:59 a.m.		1	3	9	-091
11 a.m. and 1:59 p.m.		1	3	9	-092
2 p.m. and 6 p.m.		1	3	9	-093
7 p.m. and 6:59 a.m.		1	3	9	-094

EE-3-095

How many minutes did it take to fully evacuate the building at the last drill?
If the information is not recorded, write "not recorded" in the response box.

EE-3-095

# of Minutes

Skip to N-3-104 if site has no Site Safety, Sanitation and Environmental Self-Inspection records

ES-3-096

Record the date of the most recent site safety, sanitation and environmental self-inspection performed by site staff, children or parents.

ES-3-096

Date

ES-3-097-099

Does the site safety, sanitation and environmental self-inspection record include:

	Circle Each	Yes	No	ES-3
List of Hazards Noted?		1	3	-097
Notations of Hazards Corrected?		1	3	-098
Name of Person Doing Survey?		1	3	-099

Examine the site's accident records
Skip to ES-3-103 if there are no accident records
Check item ES-2-216 to see if any accidents have occured at this site in the past 12 months.
Skip to ES-3-103 if program reports no accidents have occured

ES-3-100

Is there a single file or log in which all accidents are recorded?

ES-3-100

	Yes	1
Skip to ES-3-102	No	3

ES-3-101

How many accidents are recorded for the past 12 months?

ES-3-101

Number of Accidents

ES-3-102

How many, if any, accident records show that inpatient hospitalization was required?
(Ask staff to show you records for any child involved in such an accident.)

ES-3-102

Number of Accidents requiring inpatient hospitalization

ES-3-103

Examine all inspection reports on file from inspections performed by agencies or authorities other than DPW.

Are there any deficiencies noted on the reports for which corrections are not noted on subsequent reports?

If deficiencies are noted, specify

_____

_____

_____

ES-3-103

	No Uncorrected Deficiencies Noted	1
Specify	Uncorrected Deficiencies Noted	3

N-3-104

Examine menu files. Record the longest consecutive period of filed menus that you find.

N-3-104

	Months

Skip to RC-3-115 if medication is not given at the site (See Item O-3-015)

RC-3-105

Ask program informant - PLEASE SHOW ME THE MEDICATION RECORDS OF THOSE CHILDREN WHO ARE RECEIVING MEDICATION AT THIS SITE TODAY.

RC-3-105

	Number of Records Shown	
Skip to RC-3-115	No Records Shown	3

RC-3-106-114

Examine up to 10 medication records for the following items:

(If there are more than 10 medications records, use the Random Record Selection procedure to select 10 records).

RC-3

DO ALL MEDICATION RECORDS EXAMINED CLEARLY IDENTIFY:	Code Each	Yes	No	
The name of the child to whom the medication is given?		1	3	-106
The name of the medication?		1	3	-107
The dose of the medication?		1	3	-108
The time(s) at which the medication was or is given?		1	3	-109
Whether or not the medicine requires refrigeration?		1	3	-110
Who administered the medication?		1	3	-111
An indication that the administration of the medicine is communicated to the parent?		1	3	-112
The condition for which the medication is being administered?		1	3	-113
Name of prescribing physician?		1	3	-114

Skip to EE-3-117 if there are no children with special medical dietary needs

RC-3-115

Ask program informant - PLEASE GIVE ME THE SPECIAL DIET INSTRUCTION RECORDS OF ANY CHILDREN WHO CURRENTLY HAVE SPECIAL MEDICAL DIETARY NEEDS.

RC-3-115

Record number given to you.

	Number of Records Shown	
Skip to RC-3-117	No Records Shown	9

RC-3-116

Examine the records of children with special medical dietary needs. How many records have the special medical dietary needs documented by a written statement from a health provider which specifies the food and eating schedule required?

(If there are more than 10 special medical diet records, use the Random Record Selection Procedure to select 10 records)

RC-3-116

[ ]

With A Proper Written Statement

EE-3-117

How accessible is emergency contact and emergency medical information for children and adults. (Circle one number for children and one number for adults.)

EE-3-117

	Information Is Easily Accessible to Staff	Information is Locked, Unlabeled or Takes More Than 60 Seconds to Get to	No Emergency Contact and Emergency Medical Information is Available
Children	1	2	3
Adults	1	2	3

EE-3-118-123

Randomly select the emergency information for two children for examination. (Close your eyes and pick two from the files.)

Does the information include the following:

EE-3

	Code Both 1=Yes, 2=No	Child #1	Child #2	
Emergency numbers for parents and/or next of kin				-118
Alternate emergency contact persons in case parents or next of kin cannot be reached				-119
Emergency medical information including allergies, medications or special conditions pertinent to management of the child in an emergency				-120
Consent for transport to an emergency facility				-121
The usual source of health care				-122
Health cost coverage arrangement				-123

EE-3-124-128

Randomly select the emergency information for two adults who work in the program for examination. (Close your eyes and pick two from the files.)

Does the information include the following:

EE-3

	Adult #1	Adult #2	
Emergency numbers for parents and/or next of kin			-124
Alternate emergency contact persons in case parents or next of kin cannot be reached			-125
Emergency medical information including allergies, medications or special conditions pertinent to management of the adult in an emergency			-126
The usual source of health care			-127
Health cost coverage arrangement			-128

Code Each 1=Yes, 3=No

Skip to A-3-139 If no Governing/Policy Body Minutes

Examine the past year's minutes for the Governing/Policy Body.

A-3-129*

Count the number of minutes of the Governing/Policy Body to determine the number of meetings held by the group within the past year for which there are minutes on file.

A-3-129*

Number

A-3-130-133*

Select the minutes which show the best attendance in each quarter of the year (e.g. the best attended meeting in the period from January through March, best attended meeting in the period from April through June, etc.) Record the number attending from the minutes selected for each quarter.

A-3

Minutes for Best Attended Meeting From:	Number Attending	Can't Tell	
January - March		3	-130
April - June		3	-131
July - September		3	-132
October - December		3	-133

A-3-134-138*

From the minutes of the best attended quarterly meeting, indicate whether:

A-3

	January - March			April - June			July - September			October - December			
	Yes	No	Can't Tell	Yes	No	Can't Tell	Yes	No	Can't Tell	Yes	No	Can't Tell	
A Quorum Is Represented	1	3	4	1	3	4	1	3	4	1	3	4	-134
Minutes Relate To Day Care	1	3	4	1	3	4	1	3	4	1	3	4	-135
A Staff Member Was Present	1	3	4	1	3	4	1	3	4	1	3	4	-136
A Community Member Was Present	1	3	4	1	3	4	1	3	4	1	3	4	-137
A Parent/Consumer Was Present	1	3	4	1	3	4	1	3	4	1	3	4	-138

Code Each

Skip to A-3-149 if no separate Advisory Body Minutes

Examine the past year's minutes for the Advisory Body.

A-3-139*

Count the number of minutes of the Advisory Body to determine the number of meetings held by the group within the past year for which there are minutes on file.

A-3-139*

[ ]
Number

A-3-140-143*

Select the minutes which show the best attendance in each quarter of the year (e.g. the best attended meeting in the period from January through March, best attended meeting in the period from April through June, etc.) Record the number attending from the minutes selected for each quarter.

A-3

Minutes for Best Attended Meeting From:	Number Attending	Can't Tell	
January - March		3	-140
April - June		3	-141
July - September		3	-142
October - December		3	-143

A-3-144-148*

From the minutes of the best attended quarterly meeting, indicate whether:

A-3

		January - March			April - June			July - September			October - December			
		Yes	No	Can't Tell	Yes	No	Can't Tell	Yes	No	Can't Tell	Yes	No	Can't Tell	
A Quorum Is Represented	Circle Month	1	3	4	1	3	4	1	3	4	1	3	4	-144
Minutes Relate To Day Care		1	3	4	1	3	4	1	3	4	1	3	4	-145
A Staff Member Was Present		1	3	4	1	3	4	1	3	4	1	3	4	-146
A Community Member Was Present		1	3	4	1	3	4	1	3	4	1	3	4	-147
A Parent/Consumer Was Present		1	3	4	1	3	4	1	3	4	1	3	4	-148

Site to Part A if program has no self-evaluation and follow-up plan records

Examine the site's most recent self-evaluation and follow-up plan.

A-3-149-154*

Does the site's self-evaluation include evaluation of:

	Code Each	Yes	No	A-3
Administration component		1	0	-149
Social Service component		1	0	-150
Child Development component		1	0	-151
Health component		1	0	-152
Transportation component		1	0	-153
Parent Involvement component		1	0	-154
Other (specify) _____ _____				

A-3-155-158*

Does the site's self-evaluation and follow-up plan identify:

	Code Each	Yes	No	A-3
Both strengths and weaknesses?		1	0	-155
Corrective plans for identified weaknesses?		1	0	-156
Names of individuals responsible for working on corrective actions?		1	0	-157
A follow-up date when the self-evaluation will be reevaluated?		1	0	-158

Name of Day Care Site _____

Date Mailed _____

Please Return this questionnaire in the enclosed, self-addressed stamped envelope.

PART IA

PARENT CONSUMER SELF-ADMINISTERED ANONYMOUS QUESTIONNAIRE

Orientation To This Questionnaire:

As you know, the Department of Public Welfare is assessing all aspects of the day care program conducted at this site. The information collected will be used to identify the strong areas of the program and the areas in which the program needs to improve. This questionnaire asks about day care program procedures which affect you. This same questionnaire is being sent to 9 other parents for them to complete. Your answers will be combined with the other parent's answers when the information is examined. Please try to answer as frankly as you can. Feel free to explain your answers or indicate that you do not know, if you are unsure. If you want to discuss the questionnaire call _____ at _____.

The questionnaire is designed for you to write your responses and comments directly on it. To respond to the questions either circle the number to the right of the responses to indicate your answer or write your response in open-ended response spaces. Follow instructions to skip an item if it does not apply to you. Draw a diagonal line through any item you intentionally skip to show you did not overlook the item.

The following illustrations are examples of the various ways you will fill-out this questionnaire:

Illustration 1: Pre-Coded Item

D-1A-100a

DO YOU FEEL THE DAY CARE PROGRAM PROVIDES A STIMULATING ENVIRONMENT FOR YOUR CHILD? — D-1A-100a

	Yes	(1)
If no, explain _____	Explain No	2

D-1A-100b-i

HAVE YOU SEEN YOUR CHILD PARTICIPATE IN ANY OF THE FOLLOWING ACTIVITIES AT THE DAY CARE PROGRAM? — D-1A

	Yes	No	
Coloring	(1)	2	-100b
Playing House	1	(2)	-100c
Painting and Pasting	(1)	2	-100d

D-1A-100e

HOW DO YOU TRAVEL TO THE DAY CARE PROGRAM EACH DAY? — D-1A-100e

Car	1
Bus	2
Other (Specify) WALK	

Illustration 2: Skip Item

D-1A-100f

DO YOU HAVE MORE THAN ONE CHILD ENROLLED IN DAY CARE? — D-1A-100f

Yes	1
Skip to D-1A-100h — No	(2)

D-1A-100g

DO ALL YOUR CHILDREN ENROLLED IN DAY CARE ATTEND THE SAME DAY CARE PROGRAM? — D-1A-100g

Yes	1
No	2

D-1A-100h

IS YOUR CHILD AT THE DAY CARE PROGRAM FOR MORE THAN 5 HOURS EACH DAY? — D-1A-100h

Yes	(1)
No	2

Illustration 3: Fill-In-The-Blank Item

D-1A-100i

HOW DID YOU FIND OUT ABOUT THIS DAY CARE PROGRAM?

I saw a poster in the supermarket saying this program was taking applications.

PI-3A-001

HOW LONG HAS YOUR CHILD(REN) BEEN ENROLLED AT THIS SITE?

(Circle a number for each child you have enrolled.) PI-3A-001

	Child Number			
	1	2	3	4
Less than one year	1	1	1	1
One to two years	2	2	2	2
Three years or more	3	3	3	3

PI-3A-002

ARE YOU SATISFIED WITH THE HOURS OF OPERATION OF THE DAY CARE CENTER?

If no, explain_____

PI-3A-002

	Yes	1
Explain	No	3

PI-3A-003-014

AT THIS PROGRAM, HAVE YOU PARTICIPATED IN:
(To show your response, circle a number for each activity listed)

	Yes	No	PI-3A
SOCIAL ACTIVITIES FOR PARENTS?	1	3	-003
FIELD TRIPS?	1	3	-004
PROGRAM PLANNING?	1	3	-005
FUND RAISING?	1	3	-006
RECRUITMENT AND SELECTION OF DIRECTOR, STAFF AND/OR VOLUNTEERS?	1	3	-007
PARENT/TEACHER CONFERENCES?	1	3	-008
PARENT/SOCIAL WORKER CONFERENCES?	1	3	-009
PARENT MEETINGS TO ADVISE THE PROGRAM STAFF ABOUT OPERATION OF THE PROGRAM?	1	3	-010
OBSERVATION OF CHILDREN?	1	3	-011
APPROVING APPLICATIONS FOR FUNDING?	1	3	-012
HEARINGS INVOLVING COMPLAINTS ABOUT THE PROGRAM?	1	3	-013
COMMUNICATING WITH PARENTS AND ENCOURAGING THEIR PARTICIPATION IN THIS PROGRAM?	1	3	-014

PI-3A-015

HOW ARE YOU ADVISED OF YOUR CHILD'S PROGRESS AND DEVELOPMENT?

PI-3A-015

Conferences	1
Telephone	2
Mail	3
Other (Specify)	

PI-3A-016

ARE YOU INFORMED IN ADVANCE WHEN THE CENTER IS GOING TO CLOSE FOR A DAY OR PART OF A DAY?

If no, explain_____

PI-3A-016

	Yes	1
Explain	No	3

PI-3A-017

DO YOU REQUIRE ALTERNATIVE OUT-OF-HOME DAY CARE SERVICES WHEN THE CENTER CLOSES FOR A DAY OR PART OF A DAY?

PI-3A-017

	Yes	1
Skip to PI-3A-019	No	3

PI-3A-018

WHO ARRANGES ALTERNATIVE OUT-OF-HOME DAY CARE SERVICES FOR YOU?

PI-3A-018

Center	1
Self	2
Other (Specify)	

PI-3A-019-027

HAS THE CENTER INFORMED YOU ABOUT:
(To show your response, circle a number for each item listed)

	Yes	No	Doesn't Apply	
FINANCIAL ELIGIBILITY?	1	3	9	01
FEE POLICIES?	1	3	9	02
ACCESS TO YOUR CHILD'S RECORDS?	1	3	9	02
ATTENDANCE POLICIES?	1	3	9	02
TERMINATION POLICIES?	1	3	9	02
IMPACT OF EMPLOYMENT, SCHOOL OR SPECIAL NEEDS STATUS ON CHILD CARE ELIGIBILITY	1	3	9	02
OPPORTUNITIES FOR INVOLVEMENT IN CENTER ACTIVITIES?	1	3	9	02
APPEAL POLICIES?	1	3	9	02
GRIEVANCE POLICIES?	1	3	9	02

PI-3A-028

ARE YOUR SUGGESTIONS AND IDEAS INCLUDED IN CENTER ACTIVITIES AND POLICIES?

PI-3A-028

If no, explain_____

	Yes	1
Explain	No	3
	Don't Know	4

PI-3A-029

DESCRIBE ANY THINGS ABOUT THE CENTER WHICH YOU ESPECIALLY LIKE.

PI-3A-029

PI-3A-030

DESCRIBE ANY CHANGES OR IMPROVEMENTS YOU WOULD LIKE THE CENTER TO MAKE.

PI-3A-030

PI-3A-031

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SAY ABOUT THE CENTER?

PI-3A-031

Thank you for your help. We will use the information you have given us to improve child care in Pennsylvania.

REMEBER TO RETURN THIS QUESTIONNAIRE IN THE SELF-ADDRESSED, STAMPED ENVELOPE.

CHILD DAY CARE CENTER

CHILD DEVELOPMENT PROGRAM EVALUATION

PART 4--Site Tour

Instrument Process Log:

Date data collected from site_____

Number on DPW Certificate Of Compliance _____

Day care program Informants for this section:

Program Specialist(s):

_____
Name

Child Development Program Evaluation Tool Prepared by:
Richard Fiene and Earl Douglas of The Bureau of Child Development Programs of The Pennsylvania Department of Public Welfare, Harrisburg, Penna. 17120 and by Susan S. Aronson, M.D., F.A.A.P., The Health Advocacy Training Program, The Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, Penna. 19129 with input and consultation from Task Force Members and Consultants shown on Page 2 of this document.

Funded by contract funds from Pennsylvania DPW Contract Numbers 3.93 and 3000.

CHILD CARE AREA STAFF/CHILD RATIO OBSERVATION #1

CD-4-001

If there is more than one child care group, go to all the child care groups to make the first of your two staff/child ratio observations. (The second staff/child ratio observation will be made after your detailed observation of the group(s) identified by the respondent in O-4-010.)

Observe and record the number of children and staff in attendance for each group in the table below. Ask staff respondent to indicate the ages of the children you observe.

Record the time you begin your observation

	a.m.
	p.m.

CD-4-001

Group #	Identify Area or Room Being Used By The Group	Estimated Dimension Or Sq. Ft. of Area Or Room Being Used	Number of Children By Developmental Level In The Group*		Number of Adults Observed Providing Care To The Group
			Number	Age	
1				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	
2				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	
3				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	
4				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	
5				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	

(Use additional copies of this page if there are more than 5 groups)

*Infant is a child approximately 0-18 months of age
Toddler is a child approximately 18-36 months of age
Pre-schooler is a child approximately 36 months of age to approximately the date the child enters first grade of a school system
School-age is a child from entry into first grade to 16 years of age.

Time you end your observation:

	a.m.
	p.m.

KITCHEN AREA
FACILITY OBSERVATIONS: ITEMS ES-4-002 TO 012

ES-4-002

Look for the Health Department or Department of Environmental Resources Food License or Inspection Report. (Ask staff if unable to find.) Record the date of expiration or inspection.

ES-4-002

Date:	
License or Report Not Seen	3

ES-4-003

Find the portable fire extinguisher in the kitchen. Record the most recent date of inspection listed on the attached tag.

ES-4-003

Date	
No Extinguisher	3
No Tag	4

ES-4-004

Note the date of inspection on any other fire extinguishers you see in the facility. Are any older than one year?

If yes, explain_____

ES-4-004

Explain	Yes	1
	No	3

ES-4-005-006

Attempt to read all refrigerator thermometers. If no thermometers are present, use your own thermometer to check temperature of refrigerators. Record you findings.

If each refrigerator does not have a thermometer located within 12" of door, explain _____

ES-4

	Yes	No	
Does each refrigerator have a thermometer located within 12" of the door?	1	3 Explain	-005
Record the temperature of the refrigerator(s).			-006

ES-4-007-008

Attempt to read all freezer thermometers. If no thermometers are present, use your own thermometer to check temperature of freezers. Record your findings.

If each freezer does not have a thermometer located within 12" of door, explain_____

ES-4

	Yes	No	
Does each freezer have a thermometer located within 12" of the door?	1	3 Explain	-007
Record the temperature of the freezer(s).			-008

KITCHEN AREA
FACILITY OBSERVATIONS CONT'D.

For items ES-4-009 to ES-4-012 check the kitchen area for each condition and circle the appropriate code. Explain all "No" (3) codes in the space provided below the list of items.

ES-4		Yes	No
-009	Is the kitchen free of hanging pest strips?	1	3
-010	Are the kitchen range, hood, stove, fan, counter surfaces and other equipment free of accumulated grease spilled food and dirt?	1	3
-011	Are only non-porous (not wood) cutting boards available for use? (Ask if not sure)	1	3
-012	Is a working mechanical dishwasher available for use by the program?	1	3

Explanation of all "No" (3) codes to Items ES-4-009 to 012.

Item Number	Explanation

KITCHEN AREA
FUNCTIONAL OBSERVATIONS: ITEMS ES-4-013 TO 027

ES-4-013

Ask the food service staff DO ANY CHILDREN BRING THEIR FOOD FROM HOME?

ES-4-013

	Yes	1
Skip to ES-4-015	No	3

ES-4-014

Ask the food service staff WHERE IS FOOD BROUGHT FROM HOME KEPT UNTIL IT IS EATEN?

Record response

ES-4-014

ES-4-015

Ask a food service staff member WHERE DO YOU AND OTHER FOOD SERVICE STAFF MEMBERS WASH YOUR HANDS?

ES-4-015

If same sink used for food, explain procedure followed:

	Somewhere other than sink used for food	1
Explain	Same sink used for food	3

Skip to ES-4-019 if there is no fire extinguisher

ES-4-018

Ask a food service staff member PLEASE DESCRIBE HOW THE KITCHEN'S FIRE EXTINGUISHERS ARE USED.

Does the designated staff member's description of the use of a fire extinguisher located in the kitchen match the instructions for use on the extinguisher itself?

If no, explain_____

ES-4-018

	Yes	1
Explain	No	3

ES-4-019

Ask a food service staff member PLEASE DESCRIBE THE METHOD USED FOR HANDLING ANY ARTICLES NOT WASHED IN A MECHANICAL DISHWASHER. Does the description include that all dishes are:

1. detergent washed
2. clear water rinsed
3. dipped in a sanitizing agent for the time specified on the bottle
4. room air dried?

If no, explain_____

ES-4-019

	Yes	1
Explain	No	3
No Articles Are Handwashed		4

ES-4-020

Are all food preparation staff wearing hair restraints or tight or short hair styles?

If no, describe observation_____

ES-4-020

	Yes	1
Explain	No	3

ES-4-021

Do any of the food preparation staff have open sores or are any wearing band-aids without rubber or plastic gloves?

Describe observation of staff with sores or band-aids_____

ES-4-021

	None have open sores or band-aids without rubber gloves	1
Describe	Some have sores or band-aids	3
	Not Observed	4

ES-4-022

Are all raw fruits and vegetables washed before use?

If no, explain_____

ES-4-022

	Yes	1
Explain	No	3
	Not Observed	4

ES-4-023

Is the same cutting board used for raw and cooked foods?

ES-4-023

Different boards are used	1
Same board is used with washing between uses	2
Same board is used without washing between uses	3
Cutting of both raw and cooked foods is not observed	4

ES-4-024

Are pot handles either turned to the back or to the inside of the range? (Exclude pots which have ear-type handles)

If no, explain_____

ES-4-024

	Yes	1
Explain	No	3
	Not Observed	4

ES-4-025

Are wood porous* utensils used during food preparation in the kitchen?

*Do not include plastic coated or simulated wood utensils.

ES-4-025

No wooden utensils seen in use	1
Wooden utensils used	3
Not observed	4

ES-4-026

Are prepared foods covered to prevent contamination and to preserve food value?

If no, describe observation_____

ES-4-026

	Yes	1
Describe Observation	No	3
	Not Observed	4

ES-4-027

Are leftovers from foods which have been exposed to potential contamination discarded? (i.e., foods which have been handled by the children, partly eaten foods or prepared perishable food which has been out of refrigeration for 2 or more hours)

If no, explain_____

ES-4-027

	Yes	1
Explain	No	3
	Not Observed	4

MAJOR FOOD STORAGE AREA FACILITY OBSERVATIONS: ITEMS ES-4-028 TO 034

Inspect the major food storage area for the following conditions and circle the appropriate code for each item. Explain all "No" (3) codes in the space provided below the list of items.

ES-4		Code Each	Yes	No
-028	Are all foods stored on shelves? (Exclude food delivered on the day of your visit.)		1	3
-029	Do all food containers have labels which state the contents of the container?		1	3
-030	Are all opened packages of dry foods stored in rodent and insect resistent metal or plastic containers? (Plastic bags are inadequate.)		1	3
-031	Are continuous inventory sheets used in the storage room? (Ask staff member if unsure.)		1	3
-032	Is the area well lit so that stored items and corners can be easily seen?		1	3
-033	Are food preparation and storage areas free of cleaning equipment such as buckets, mops and rags?		1	3
-034	Are insecticides, cleaning supplies and other poisonous substances inaccessible to children and stored below and apart from food in the kitchen and storage areas?		1	3

Explanation of all "No" (3) codes:

Item Number	Explanation

Instructions For Child Care and Caregiver Observations Items CD-4-035 to 041

The following child care and caregiver observations are to be made of those children and caregivers identified by the program respondent in C-3-021 and 022 to be observed. See your manual for detailed instructions on using the forms for Items CD-3-035 to 041. All observations should be made in the usual indoor child care area during the main activity time.

Item CD-4-035 is observation of the DIRECTION OF VERBALIZATION of the three pre-schoolers identified in C-3-022.

The direction of verbalization for each pre-school child should be observed one at a time for five consecutive minutes. Position yourself to be unobtrusive, but so that you can hear the verbalizations. Observe the first child for 5 minutes. Record each verbalization with a slash mark in the recording block as you observe. Then observe the second and third child for 5 minutes each, recording as before. Be sure to record each overt verbal expression.

Items CD-4-036 to 041 are observations of CAREGIVER BEHAVIOR.

Use CD-4-036 for caregivers of children 0 to 35 months of age
CD-4-039 for caregivers of children 3 to 5 years of age
CD-4-040 for caregivers of children 6 to 10 years of age
CD-4-041 for caregivers of mixed age groups of children

Use the appropriate form to observe the two caregivers identified by the program respondent in C-3-021. If you wish to observe more than two caregivers at this site, obtain names from the program respondent and use additional copies of the appropriate forms.

Observe for two minute periods recording as you observe each behavior listed on the form. Record by using either a "1" or "3" or "4" code in the block corresponding to the observation period you are in. Use the "1" code if you did observe the specified behavior, the "3" code if you did not observe the behavior and the "4" code if you are unsure whether or not you observed the behavior.

After each two minute observation period, check all the items for which you did not record a code. Decide whether or not you observed the behavior and record the appropriate code. Before you go on to the next observation period be sure that each block has either a "1", "3" or "4" code in it.

DIRECTION OF VERBALIZATION

Skip to CD-4-036 if there are not at least 3 pre-schoolers in the group(s) to observe

CD-4-035

See page 77 and your manual for instructions on how to use this form.

	Type of Activity and Age of Children	Number of Verbalizations: One-Way Communication (not responsive conversation) — Adult To Child each A→C = 1 slash	One-Way Communication — Child To Adult each C→A = 1 slash	One-Way Communication — Child To Child each C→C = 1 slash	Two-Way Communication (responsive conversation) — Adult To Child each A⇄C = 1 slash	Two-Way Communication — Child To Adult each C⇄A = 1 slash	Two-Way Communication — Child To Child each C⇄C = 1 slash	
FIRST CHILD	_____ _____ Activity of Child Being Observed (dramatic play, blocks, arts & crafts, cognitive games) _____ Age of Child Being Observed							5 minutes
SECOND CHILD	_____ Activity of Child Being Observed (dramatic play, blocks, arts & crafts, cognitive games) _____ Age of Child Being Observed							5 minutes
THIRD CHILD	_____ Activity of Child Being Observed (dramatic play, blocks, arts & crafts, cognitive games) _____ Age of Child Being Observed							5 minutes

Observation of Caregivers of Children 0 to 35 Months of Age

See page 77 and your manual for detailed instructions on how to use this form.

CD-4-036

Number of children present during observation period: _____ Number

Number of adults (excluding yourself) present during observation period: _____ Number

Time of day observations are being made: _____ a.m. / p.m.

Name of Caregivers Observed: _____ Caregiver #1 _____ Caregiver #2

CD-4-036

Code each "1" = yes, behavior observed; "3" = no, behavior not observed; "4" unsure

During your observation did the caregiver		Observation Period (each=2 minutes) Caregiver #1 1	2	3	4	5	Caregiver #2 6	7	8	9	10	
Language (Positive)	Speak unsolicited to a child?											- 01
	Use the child's dialect or language? (e.g., black, appalachian)											- 02
	Respond non-verbally to a child's speech?											- 03
	Respond verbally to a child's speech?											- 04
	Listen to a child speak?											- 05
	Differentially speak to children depending on their developmental level?											- 06
Language (Negative)	Scream or yell at children?											- 07
	Allow the noise level to become so high that it is hard for an observer to understand what is being said?											- 08
	Respond to non-verbal requests more readily than to verbal requests											- 09
Socio-Emotional (Positive)	Give affectionate physical contact to a child?											- 10
	Establish and maintain eye contact with a child?											- 11
	Praise or encourage a child?											- 12
	Make activity suggestion to a child?											- 13
	Acknowledge a child's overture or suggestion?											- 14
	Confirm the meaning of a child's overture to the child?											- 15
	Provide aid in response to a child's urgent appeal?											- 16
	Give direction through asking questions?											- 17
	Allow children to finish activities?											- 18
Socio-Emotional (Negative)	Limit a child physically?											- 19
	Forbid a child's action or use negative words											- 20
	Physically punish a child?											- 21
	Use food as reinforcement?											- 22
	Make fun or ridicule a child?											- 23
	Let other children make fun or ridicule a child?											- 24

(Motor and Caregiving Continued on page 80)

During your observation did the caregiver:		Observation Period (each =2 minutes) Caregiver #1 1	2	3	4	5	Caregiver #2 6	7	8	9	10	
Motor	Foster development of a child's fine motor skills?											- 25
	Foster development of a child's gross motor skills?											- 26
Caregiving	Help or facilitate a child in toileting, dressing or washing?											- 27
	Prepare or serve food for a child?											- 28
	Tidy up the room?											- 29
	Prepare activities and/or arrange the room?											- 30
	Talk with other adults?											- 31
	Do nothing?											- 32

If yes: "mins." of time

CD-4-037

What portion of the caregivers' time did you observe being spent in custodial type activities? (e.g., cleaning room, picking up after children, washing down tables, etc.)

CD-4-037

Little	1
Some	2
Much	3
All	4

CD-4-038

What portion of the caregivers' time did you observe being spent in educational type activities? (e.g., presenting materials to children, reading a story with children, building blocks, etc.)

CD-4-038

Little	1
Some	2
Much	3
All	4

Additional Notes and Comments

Observation of Caregiver of Children 3 to 5 Years of Age

See page 77 and your manual for instructions on how to use this form.

CD-4-039

Number of children present during observation period: _____ Number

Number of adults (excluding yourself) present during observation period: _____ Number

Time of day observations are being made: _____ a.m. p.m.

Name of Caregivers Observed:

Caregiver #1 _____ Caregiver #2 _____

CD-4-039

During your observation did the caregiver:		Observation Period (each=2 minutes) Caregiver #1 1	2	3	4	5	Caregiver #2 6	7	8	9	10	
Language (Positive)	Talk with or to a child?											-- 01
	Demonstrate language to a child? (model behavior)											-- 02
	Expand on child's language offering?											- 03
	Verbalize offers of help, make solicitous remarks to a child?											- 04
	Question or make request of a child?											- 05
	Read or identify pictures to a child?											- 06
	Sing or play music with a child?											- 07
	Speak slowly and clearly to children at all times?											- 08
Language (Negative)	Scream or yell at children?											- 09
	Allow the noise level to become so high that it is hard for an observer to understand what is being said?											- 10
	Respond to non-verbal requests more readily than to verbal requests?											- 11
Socio-Emotional (Positive)	Give affectionate physical contact to a child?											- 12
	Establish and maintain eye contact with a child?											- 13
	Praise or encourage a child?											- 14
	Smile at a child?											- 15
	Use loving or reassuring tones with a child?											- 16
	Give a child positive feedback via facial expression, gesture or posture?											- 17
	Promote child-child play?											- 18
	Promote self-help and social responsibility?											- 19
	Help child delay gratification?											- 20

Code "1" = yes behavior observed; "2" = no behavior not observed; "4" = unsure

(Form Continued on page 82)

OBSERVATION OF CAREGIVER OF CHILDREN 3 TO 5 YEARS OF AGE CONT'D.

CD-4-039

	During your observation did the caregiver:	Observation Period (each=2 minutes) Caregiver #1 1	2	3	4	5	Caregiver #2 6	7	8	9	10	
Socio-Emotional (Negative)	Verbally criticize, scold or threaten a child?											- 21
	Forbid a child's action?											- 22
	Limit a child physically?											- 23
	Isolate a child physically?											- 24
	Punish a child physically?											- 25
	Give a child attention for negative behavior?											- 26
	Give a child negative feedback via facial expression, gesture or posture?											- 27
	Ignore a child's request?											- 28
	Interrupt a child's activity and prevent completion of activity?											- 29
	Make fun or ridicule a child?											- 30
	Let other children make fun or ridicule a child?											- 31
Motor	Foster development of child's fine motor skills?											- 32
	Foster development of child's gross motor skills?											- 33
Cognitive (Positive)	Foster a child's learning of:											
	seriation? (big, bigger, biggest)											- 34
	categorization? (shapes, colors)											- 35
	polar concepts? (small vs. large)											- 36
	quantitative concepts?(one vs. three)											- 37
	recognition and/or production of written numbers, letters, words?											- 38
	physical causality?(rain makes wet)											- 39
	Encourage a child to explain what he means?											- 40
	Join a child in a problem-solving process?											- 41
	Encourage a child to consider alternate solutions?											- 42
	Encourage curiosity and questioning by a child?											- 43
Cognitive (Negative)	Show impatience or annoyance with child's question?											- 44
	Use terms which are above a child's reasoning ability?											- 45
	Deal in abstract concepts without concrete examples?(counting " objects)											- 46
	Show intolerance with a child's mistake and not accepting faulty thinking?											- 47
Caregiving	Help or facilitate child in toileting, dressing or washing?											- 48
	Give physical help to a child?											- 49
	Prepare or serve food to a child?											- 50
	Tidy up the room?											- 51
	Prepare activities and/or arrange the room?											- 52
	Talk with other adults?											- 53
	Do nothing? 102											- 54

Code: "1" = yes behavior observed; "3" = no behavior not observed; "6" = unsure

Observation of Caregivers of Children 6 to 16 Years of Age

See page 77 and your manual for detailed instructions on how to use this form.

Number of children present during observation period: _____ Number

Number of adults (excluding yourself) present during observation period: _____ Number

Time of day observations are being made: _____ a.m. _____ p.m.

Name of Caregivers Being Observed: Caregiver #1 _____ Caregiver #2 _____

CD-4-040

Code: "1" = yes behavior observed; "3" = no, behavior not observed; "4" = unsure

During your observation did the caregiver:		Observation Period (each=2 minutes) Caregiver #1 1	2	3	4	5	Caregiver #2 6	7	8	9	10	
Language	make a suggestion or guide a child verbally?											01
	ask a child a question to stimulate reflective thought?											02
	direct a child with reason?											03
	call a child by name?											04
	interrupt or cut off a child's verbalization?											05
Socio-Emotional (Positive)	give affectionate physical contact to a child?											06
	give a child positive feedback via facial expression, gesture or posture?											07
	praise or encourage a child?											08
	nod or smile at a child?											09
	positively redirect a child?											10
	tolerate a child's deviant behavior?											11
	move freely among the children?											12
	attend to more than one simultaneous activity?											13
Socio-Emotional (Negative)	verbally criticize, scold or threaten a child?											14
	order or command a child?											15
	warn a child?											16
	limit a child physically?											17
	physically punish a child?											18
	use a firm or sharp tone toward a child?											19
	give a child negative feedback via facial expression, gesture or posture?											20
	leave the children?											21
	ignore or refuse to respond to a child?											22
Motor	foster development of a child's fine motor skills?											23
	foster development of a child's gross motor skills?											24
Caregiving	prepare or serve food for a child?											25
	tidy up the room?											26
	prepare activities and/or arrange the room?											27
	talk with other adults?											28
	do nothing?											29

CD-4-041

Observation of Caregiver of a Mixed Age Group of Children

See page 77 and your manual for detailed instructions on how to use this form.

During Observ.	Age of Children	# of Children	# of Adults (excluding yourself)	Time of Day	Names	
					Caregiver #1	Caregiver #2
				a.m. p.m.		

CD-4-041

During your observation did the caregiver:		Observation Period (each=2 minutes) Caregiver #1 1	2	3	4	5	Caregiver #2 6	7	8	9	10	
Language (Positive)	Speak unsolicited to a child?											- 01
	Respond non-verbally to a child's speech?											- 02
	Respond verbally to a child's speech?											- 03
	Call a child by name?											- 04
	Demonstrate language to a child? (modeling behavior)											- 05
	Expand on a child's language?											- 06
	Question or make request of a child?											- 07
	Read or identify pictures for a child?											- 08
	Speak slowly and clearly to the children at all times?											- 09
Language (negative)	Scream or yell at children?											- 10
	Respond to non-verbal requests more readily than to verbal requests?											- 11
	Allow the noise level to become so high that it is hard for an observer to understand what is being said?											- 12
Socio-Emotional (Positive)	Give affectionate, physical contact to a child?											- 13
	Establish and maintain eye contact with a child?											- 14
	Praise or encourage a child?											- 15
	Make activity suggestion to a child?											- 16
	Acknowledge a child's overture or suggestion?											- 17
	Confirm the meaning of a child's overture to the child?											- 18
	Provide aid in response to a child's urgent appeal?											- 19
	Give direction through asking questions?											- 20
	Let children finish activities they have started?											- 21
	Smile at a child?											- 22
	Use loving or reassuring tones with a child?											- 23
	Give a child positive feedback via facial expression, gesture or posture?											- 24
	Promote child-child play?											- 25
	Promote self-help and social responsibility?											- 26
	Help a child delay gratification?											- 27
	Encourage the older children to interact teach and help younger children in group?											- 28
	Set clear, realistic and flexible limits given group variation?											- 29
	Let children work out their own conflicts?											- 30

Code: "1" = yes, behavior observed; "2" = no, behavior not observed; "9" = unsure

Form Continued on page 85

During your observation did the caregiver:		Observation Period (each=2 minutes) Caregiver #1 1	2	3	4	5	Caregiver #2 6	7	8	9	10	
Socio-Emotional (Negative)	Verbally criticize, scold or threaten a child?											- 31
	Forbid a child's action?											- 32
	Limit a child physically?						-					- 33
	Isolate a child physically?											- 34
	Physically punish a child?											- 35
	Give a child attention for negative behavior?											- 36
	Give a child negative feedback via facial expression, gesture or posture?											- 37
	Ignore a child's request?											- 38
	Interrupt a child's activity and prevent him from finishing?											- 39
	Make fun or ridicule a child?											- 40
	Let other children make fun or ridicule a child?											- 41
	Use food as reinforcement?											- 42
Motor	Foster development of a child's fine motor skills?											- 43
	Foster development of a child's gross motor skills?											- 44
Cognitive (Positive)	Foster a child's learning of: Physical causality (rain makes wet)											- 45
	Categorization (shapes, colors)											- 46
	Polar concepts (small vs. large)											- 47
	Encourage a child to explain what he means?											- 48
	Join a child in a problem-solving process?											- 49
	Encourage a child to consider alternative solutions?											- 50
	Encourage curiosity and questioning by a child?											- 51
Cognitive (Negative)	Act impatient with a child's questions?											- 52
	Use terms which are above the child's reasoning ability?											- 53
	Deal in abstract concepts without concrete examples?											- 54
	Show intolerance with children's mistakes, and not accepting their faulty thinking?											- 55
Caregiving	Help or facilitate a child in toileting, dressing or washing?											- 56
	Give physical help to a child?											- 57
	Prepare or serve food to a child?											- 58
	Tidy up the room?											- 59
	Prepare activities and/or arrange the room?											- 60
	Talk with other adults?											- 61
	Do nothing?											- 62

Code: "1" = yes, behavior was observed; "2" = no, behavior was not observed; "4" = unsure

CHILD CARE AREA STAFF/CHILD RATIO OBSERVATION #2

CD-4-042

If there is more than one child care group, go to all the child care groups to make the second of your two staff/child ratio observations. Ask staff for ages of children if groups have changed since your first observation.
Observe and record the number of children and staff for each group, estimating room or area size or referring to previous estimates if there has been no change.

Record the time you begin your observation

a.m.
p.m.

CD-4-042

Group #	Identify Area or Room Being Used By The Group	Estimated Dimension Or Sq. Ft. of Area Or Room Being Used	Number of Children By Developmental Level In This Group* Number	Age	Number of Adults Observed Providing Care To The Group
1				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	
2				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	
3				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	
4				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	
5				Infants	
				Toddlers	
				Pre-Schoolers	
				School-age	

(Use additional copies of this page if there are more than 5 groups)

*Infant is a child approximately 0-18 months of age
Toddler is a child approximately 18-36 months of age
Pre-schooler is a child approximately 36 months of age to approximately the date the child enters first grade of a school system
School-age is a child from entry into first grade to 16 years of age.

Time you end your observation:

a.m.
p.m.

HANDWASHING AND TOILET AREAS
FACILITY OBSERVATIONS: ITEMS ES-4-043 TO 049

Inspect handwashing and toilet areas for the following conditions. For all "No" (3) responses, describe your findings in the space provided below the list of items.

ES-4		Yes	No	
-043	Are all child care areas within 20 feet of a hand-washing facility? (Ask staff where children wash their hands if you cannot tell.)	1	3	
-044	Are only disposable towels or single-person use labelled towels and washcloths in use? (If unsure, ask who uses towels.)	1	3	
-045	Is soap available at each sink?	1	3	
-046	Is there at least one toilet and sink available for each ten toilet-trained children present in the facility today? (Do not count potty chairs as toilets)	1	3	No Toilet Trained Children 9
-047	Can locked toilet enclosures and doors used by children be entered by some means by an adult in case of emergency?	1	3	
-048	Are all toilets and sinks used by children suitable for independent use by a child? (e.g., equipped with step-stools, if needed)	1	3	
-049	Use your thermometer to measure the hot water temperature of one water source to which children have access. Is the measured temperature less than 110 F?	1	3	

Explanation of all "No" (3) codes:

Item Number	Explanation

ES-4-050

Are potty chairs [illegible]

ES-4-050

Skip to ES-4-052	No potty chairs available	1
	Potty chairs available	3

ES-4-051

Are potty chairs properly emptied and sanitized after each use?

Note: If potty chairs are used, the contaminated contents must be placed into a flushing toilet and all potty chair surfaces sanitized with a sanitizing agent after each use.

ES-4-051

Yes	1
No	3
Not Observed	4

O -4- 052

Is this a program which serves children who use diapers or children who commonly require underclothing changes?

0-4-052

	Yes	1
Skip to ES/DH/N-4-057	No	3

ES-4-053 *

Is there a changing table or equivalent diaper changing equipment?

ES-4-053

Yes	1
No	3

ES-4-054

Is a plastic lined trash receptacle provided to receive contaminated diapers or wipes in all diaper/underclothing changing areas? (Include bathrooms, if used)

ES-4-054

Yes	1
No	3

ES-4- 055

Are changing surfaces cleaned after each use by washing or changing a pad or disposable sheeting?

ES-4-055

	Yes	1
	No	3
	Not Observed	4
Skip to LS-4-057	No Changing Surfaces	9

ES-4- 056

Are separate surfaces used for food handling and diapering or underclothing changes? (Ask staff if unsure)

ES-4-056

If no, explain what is done_____

_____

_____

	Yes	1
Explain	No	3

Skip to N-4-061 if the program does not use bottle feeding

ES/DH/N-4-057

Do you see any bottles in cribs or beds?

ES/DH/N-4-057

No Bottles in Cribs or Beds	1
Bottles Are in Cribs or Beds	3

N-4- 058

Are infants under 6 months of age always held while being bottle fed? (No bottle propping is seen)

If no, explain_____

N-4-058

	Yes	1
Explain	No	3
	No Infants Under 6 mos.	9

N-4-059

Inspect the formula containers. Is iron fortified formula available for infants under 12 months of age?

If no, explain_____

N-4-059

	Yes	1
Explain	No	3
	No Infants Under 12 mos.	9

N-4-060

Is infant food readily available to the caregiver?

N-4-060

Yes	1
No	3

N-4- 061

Are bite size or hand-held foods available to children over 6 months and under 5 years of age?

If no, explain_____

N-4-061

	Yes	1
Explain	No	3
	No Children These Ages	9

N-4-062

Are highchairs, feeding tables or tables and chairs suitable for mealtime and snack?

if no, explain_____

N-4-062

	Yes	1
Explain	No	3

N-4- 063*

Are all children over 6 months of age encouraged to feed themselves at least part of the time?

If no, explain_____

N-4-063

	Yes	1
Explain	No	3
	No Children Over 6 mos.	9

ES-4-065

Are all areas used for food dispersal to the children throughly cleaned or covered with clean placemats or table cloths before being used?

ES-4-065

Yes	1
No	3
Not Observed	4

ES-4-066

Does any child fail to wash his/her hands after toileting or just before eating?

If someone did not wash, explain

ES-4-066

	All Washed	1
Explain	Some or All Did Not Wash	3
	Not Observed	4

N-4- 067*

How are children grouped for meals?

If a child is eating alone, explain

N-4-067

	All children are grouped 2 to 12	1
	Some or all children are grouped 13 or more	2
Explain	A child is eating alone (without a child or adult)	3

N-4-068

Are staff eating with the children?

If no, ask staff why they do not eat with children

110

N-4-068

	Yes	1
Explain	No	3

N-4-069

Are staff eating the same food as the children?

If no, ask staff why they do not eat the same food

_____
_____
_____

N-4-069

	Yes	1
Explain	No	3

N-4-070

Does the table size in relation to the seating arrangement permit each child's elbows to be no higher than mid-chest height while eating?

If no, explain_____
_____
_____

N-4-070

	Yes	1
Explain	No	3

N-4-071

Do the chair sizes in relation to the floor or foot rest permit the children to rest their feet against a firm surface while eating?

If no, explain_____
_____
_____

N-4-071

	Yes	1
Explain	No	3

N-4-072

For children over 18 months of age who could serve themselves, how is food brought to the table?

N-4-072

		In multiple portion bowls/platters (family style)	1
Skip to N-4-074	Explain Why	On individual platters, one for each child	2
		Not Observed	4
Skip to N-4-074		No children over 18 months of age who can serve themselves	9

If food is brought on individual platters, explain why this is done

_____
_____
_____

N-4-073 *

How is the first serving of food taken from the bowls or platters?

N-4-073

By children (with assistance if needed)	1
By staff only	3
Not observed	4

ES/N-4-074

Are eating and drinking utensils seen in use smooth, free from cracks or chips?

If no, explain_____
_____
_____

N-4-074

	Yes	1
Explain	No	3
	Can't Tell	4

MEALTIME OBSERVATIONS CONT'D.

N-4-075

What foods do you see being served?

N-4-075

Meal	Main Dish	Vegetable/ Fruit	Bread or Cereal	Beverage	Dessert	Not Observed
Breakfast						4
A.M. Snack						4
Lunch/Supper						4
P.M. Snack						4

V-4		Yes	No	Not Observed
-076*	Is each child permitted to finish eating without being urged to hurry?	1	3	
-077*	Are voices kept at normal conversational levels during the meal?	1	3	
-078 *	Are childr[illegible] encouraged, but not forced, to eat new foods?	1	3	4
-079	Is any information about nutrition communicated to the children during the meal?	1	3	
(-080)	Are second helpings available to the children?	1	3	
O-4 -081	Does this site have any children who require special arrangements for eating not usually required for children their age? (e.g., special propping, retainer straps, or other devices)	1	3 Skip to N-4-085	
SN/N-4 (-082)	Are children with a physical malfunction safely propped or balanced in an upright position to enhance their eating?	1	3	4
SN/N-4 (-083)	Are children with a physical malfunction seated in chairs which allow their feet to be on the floor or a firm footrest?	1	3	4
SN/N-4 (-084)	For children with special problems who feed themselves, are bowls, plates, utensils and tables selected or adapted to make it easy for the children to eat?	1	3	4

Explain all "No" (3) answers:

Item Number	Explanation

N-4- 085

From observation, were children involved in the following preparations?

Circle one number on each line.

N-4-085

	Yes	No	Not Observed	All Infants or Nonambulatory
Setting Table	1	3	4	9
Serving	1	3	4	9
Clean-up	1	3	4	9

CHILD CARE AND INDOOR AREAS ACCESSIBLE TO CHILDREN
FUNCTIONAL OBSERVATIONS: ITEMS N-4-086 TO 096

N-4-086

Can a thirsty child easily get a drink of water by him/herself or by asking an adult? (If unsure, ask staff how a child would get a drink of water)

If no, explain_____

N-4-086

	Yes	1
Explain	No	3
	Can't Tell	4
No Children Over 10 months of age		9

ES-4-087

Are all drinking utensils either discarded or washed after each use?

If no, explain_____

ES-4-087

	Yes	1
Explain	No	3
	Can't Tell	4

DH/N-4-088-089

Do all children receive oral hygiene at some time during the day? (If not observed ask staff when it is done)

DH/N-4

	Yes	No	No Children In Specific Age Group	
Daily toothbrushing is done in the program for all children over 2 years of age (observed or described)	1	3	9	-088
A drink of water is offered to each child over 6 mos. and under 2 yrs. of age after eating (observed or described)	1	3	9	-089

DH/ES-4-090

Are toothbrushes stored separate from one another with bristles exposed to air to dry? (Bristles should not be resting on any holder or touching other brushes)

If no, explain_____

DH/ES -4-090

	Yes	1
Explain	No	3
Skip to SE-4-092	No Toothbrushes	5

ES-4- 091

Is each toothbrush distinguished by appearance or labeled with the name of the child who uses it?

If no, explain_____

ES-4-091

	Yes	1
Explain	No	3

SR-4-092-095

Attempt to observe whether or not staff wash their hands in each of the situations listed below.

SR-4

	Yes	No	Not Observed	Not Appropriate In Setting	
After performing diaper or underclothing changing for a child	1	3	4	9	-092
After assisting children with toileting	1	3	4	9	-093
After probable contact with secretions from the nose or mouth (on tissues, children, clothing, etc.)	1	3	4	9	-094
Before food or food equipment handling	1	3	4	9	-095

Explain any "3" code_____

N/CD-4-096

At any time during your observations (including mealtime and activity time) was food used for punishment or reward?

If yes, explain_____

N/CD-4-096

Explain	Yes	1
	No	3

CHILD CARE AREAS
FACILITY OBSERVATIONS: ITEMS CD-4-097 TO 141

Examine the caregiving areas for the equipment and supplies in the following items. Ask the caregiver about any item which you do not see to be certain that you have not overlooked it or that it is out of view.

CD-4		Yes	No
-097	Is there age-appropriate sleep and/or rest equipment for each individual child? (e.g., cribs, portable cribs, cots, mats)	1	3
-098	Are there age-appropriate materials for dramatic role playing (e.g., dress-up clothes, costumes, puppets, housekeeping equipment)?	1	3
-099	Are there age-appropriate toys and materials for cognitive stimulation (e.g., games, books, puzzles, flash cards)?	1	3
-100	Are there age-appropriate toys for visual stimulation (e.g., mobiles, film viewers, non-breakable mirrors)?	1	3
-101	Are there age-appropriate toys for auditory stimulation (e.g., records, record player, musical instruments)?	1	3
-102	Are there age-appropriate toys to handle and manipulate including art materials (e.g., clay, paint, scissors, blocks, sand, water, squeeze toys, stuffed animals, beads, rattles)?	1	3
-103	Are there age-appropriate toys and equipment for large muscle stimulation (e.g., climbing apparatus, tumbling mats, large cardboard or triwall boxes, jump ropes, bikes, balls, other sports equipment)?	1	3

CHILD CARE AREAS

FACILITY OBSERVATIONS: ITEMS ES-4-104 TO 117.

Check for each of the following conditions throughout the facility. Explain each "No" (3) code in the space provided below the list of items.

ES-4		Yes	No	
-104	Are all broken toys or equipment inaccessible to children?	1	3	No Broken Toys 9
-105	Is all play equipment free of pinch or crush points? (e.g. fast closing toy box lids or doors, hinged legs.)	1	3	
-106	Are all climbing structures mounted over mats or cushioning material?	1	3	No Climbin Structure 9
-107	Are all exposed, unsupervised sharp objects (e.g., sharp edges on toys, exposed bolts, scissors, nail points) or precariously placed objects inaccessible to children?	1	3	No Such Objects 9
-108	Are all loose plastic bags (other than those lining trash cans or filled with material) inaccessible to children?	1	3	No Plastic Bags 9
-109	Are all toxic materials, cleaners, scouring powders, liquid or powder detergents, pesticides (bug sprays, strips, pellets bait boxes) inaccessible to children?	1	3	No Such Materials 9
-110	Are all aerosal cans inaccessible to children and stored away from heat sources?	1	3	No Aerosals 9
-111	Are all medications inaccessible to children?	1	3	No Medicatio 9
-112	Are all heaters, hot water pipes and heated radiators located in child use areas made inaccessible to children by partitions, screens, furniture placement, etc.	1	3	No Heaters Or Heat Sources 9
-113	Are all electrical equipment or cords more than one foot away from a water source? (Include all water sources in the facility in your observation.)	1	3	No Electri Equipment Or Cords 9
-114	Are all electric and extension cords and other electrical equipment made inaccessible to children by furniture placement or other precautions?	1	3	No Electri Cords 9
-115	Are all electrical outlets not in use filled with special protective receptacle covers in all areas occupied by children under age 5?	1	3	No Childre Under Age 9
-116	Are all windows above ground floor accessible to children constructed, adjusted or adapted with window stops, screens or grills to prevent more than 6 inch openings (so that a child's body cannot pass through)?	1	3	No Windows Above Grou Level 9
-117	Are child care areas otherwise safe and well maintained?	1	3	

Explanation of all "No" (3) Codes:

Item Number	Explanation

ES-4-118

Is an area or arrangement always available for a child to have rest or quiet play if needed at any time during the day? (Designated areas within the child care room are acceptable.)

If no, explain_____

ES-4-118

	Yes	1
Explain	No	3

ES-4-119

Is rest equipment distinguished by appearance or labeled with the user's name? (Linen need not be labeled if each child's linen is different from every other child's)

If no, explain_____

ES-4-119

	Yes	1
Explain	No	3
Skip to CD-4-121	No Rest Equipment	9

ES-4-120

Are rest equipment, blankets and/or linen clean?

If no, explain_____

ES-4-120

	Yes	1
Explain	No	3

FA-4-121

In any child care area ask a staff member PLEASE SHOW ME THE FIRST AID KIT YOU HAVE FOR THIS AREA.

FA-4-121

Skip to FA-4-123	First Aid Kit Shown	1
	First Aid Kit Not Shown	3

FA-4-122

A first aid kit should be available in each child care room. If a kit is not available in the area in which you requested it, say to the staff member:

PLEASE TELL ME WHERE I WILL FIND ANY FIRST AID KIT YOU HAVE?

If no first aid kit, explain

FA-4-122

	First Aid Kit Found	1
Explain Skip to CD-4-141	First Aid Kit Not Found	3

FA-4- 123-130

Inspect the first aid kit for the following contents:

Other contents (specify)

_____

_____

_____

_____

FA-4

Item	Present	Absent	
Sterile gauze pads	1	3	123
Tweezers	1	3	124
Tape (adhesive, micropore or dermicel)	1	3	125
Soap (bar or liquid)	1	3	126
Syrup or IPECAC	1	3	127
Scissors	1	3	128
First aid instructions	1	3	129
Inventory of Contents	1	3	130

FA-4- 131

Find the first aid kit which is used when the children are taken on trips and walks.

If first aid kit not found, explain

_____

_____

_____

_____

FA-4-131

	First aid kit found	1
Explain Skip to FA-4-140	First aid kit not found	3

Skip to FA-4-140 if first aid kit used for trips is the same inspected in FA-4-123-130

FA-4-132-139

Inspect the first aid kit taken on trips for the following contents:

Other contents (specify)

_____

_____

_____

_____

FA-4

Item	Present	Absent	
Sterile gauze pads	1	3	132
Tweezers	1	3	133
Tape (adhesive, micropore or dermicel)	1	3	134
Soap (bar or liquid)	1	3	135
Syrup or IPECAC	1	3	136
Scissors	1	3	137
First aid instructions	1	3	138
Inventory of contents	1	3	139

FA-4-140

Are first aid kits clean, free of discarded or spilled materials and kept in a place readily accessible to adults but not for use as a toy by children?

If no, explain_____

_____

_____

FA-4-140

	Yes	1
Explain	No	3

Do you see any educational activity, display or other educational effort taking place at the site? (e.g., a cooking experience, use of poison prevention posters, dental health instruction, instructional games, a policeman or fireman visiting.)

If yes, explain_____

CD-4-141

Explain	Yes	1
	No	3

GENERAL INDOOR SITE OBSERVATIONS
FACILITY OBSERVATIONS: ITEMS ES-4-142 TO EE-4-178

Check for each of the following conditions throughout the facility. Explain each "No" (3) code in the space provide below the items.

		Yes	No	
ES-4 -142	Are children always supervised by: a) sight and/or sound for infant, toddler, pre-school and special needs' children; b) notifying a responsible adult of whereabouts for school-age children	1	3	
ES-4 -143	Is a Statement of Occupancy certificate issued by the Department of Labor and Industry Posted?	1	3	
ES-4 -144	Is a current DPW Certificate of Compliance posted?	1	3	
ES-4 -145	Is a Civil Rights Compliance Statement posted?	1	3	
ES-4 -146	Is a Certificate of inspection for the pool posted?	1	3	No Pool 9
EE-4 -147	Is the site's evacuation procedure conspicuously posted?	1	3	
EE-4 -148	Is the site's fire alarm conspicuous and unobstructed?	1	3	No Alarm 5
EE-4 -149	Do the site's emergency lights go on when the test button or switch is pushed?	1	3	No Emergency li 5
EE-4 -150	Are there at least two operable exists from the facility?	1	3	
EE-4 -151	Are exits and exit routes clearly marked by signs?	1	3	
EE-4 -152	Are all exits unobstructed	1	3	
EE-4 -153	Do all exit doors swing in the direction of exit travel?	1	3	
EE-4 -154	Do all exit doors have only one locking or latching device which can be unlocked from the inside at all times?	1	3	

Explanation of all "No" (3) codes:

Item Number	Explanation

General Indoor Site Observations Cont'd.

Facility Observations: Items EE-4-155 to ES-4-165

		Yes	No	
EE-4 (-155)	Do all hallways and stairwells permit passage of two adults walking side by side?	1	3	No Hallways 9
ES-4 (-156)	Are all stairs and stairwells used by anyone in the site free of stored items?	1	3	No Stairs o Stairwells Used 9 Skip to ES-15
ES-4 (-157)	Are all stairways well lit?	1	3	
ES-4 (-158)	Do all inside stairs with more than three steps have right-hand descending handrails which are in good repair?	1	3	No Such Area 9
ES-4 (-159)	Do all stairwells, elevated walkways, elevated porches and elevated play areas that are accessible to children have barriers to prevent falls?	1	3	No Such Area 9
ES-4 (-160)	Are there safeguards to prevent children from entering unsupervised or hazardous areas?	1	3	No Such Area 9
ES-4 (-161)	Is there a barrier or monitoring arrangement to prevent unnoticed entrance of strangers or stray animals into the facility?	1	3	
EE-4 (-162)	Are emergency telephone numbers police, fire, rescue, poison control) posted by each telephone (excluding phones which can only be used to call within the facility)?	1	3	
ES-4 (-163)	Are all windows and doors used for ventilation securely screened against flying insects with a material which provides 14 to 16 meshes/inch? (Note: If used, porta-screens must be tight fitting against window frames; all screens must be in good repair to be considered secure.)	1	3	No Windows or Doors Us for Ventila tion 9
ES-4 (-164)	Are all clear glass panels in sliding doors and storm doors clearly marked to avoid accidental impact?	1	3	No Clear Glass Panel 9
ES-4 (-165)	Are all rooms ventilated by operable windows or mechanical ventilation systems?	1	3	

Explanation of all "No" (3) codes:

Item Number	Explanation

GENERAL INDOOR SITE OBSERVATIONS CONT'D.

FACILITY OBSERVATIONS: ITEMS ES-4-166 TO 178

		Yes	No	
ES-4 -166	Is the facility free of evidence of mold or any other persistent noxious odors?		3	
ES-4 -167	Are ashtrays, matches, cigarette butts or any other evidence of smoking absent in child use areas and in the kitchen?	1	3	
ES-4 -168	Are floors free of any raised or rough edges on which a foot could catch?	1	3	
ES-4 -169	Are all floors and floor coverings (especially in child care areas, kitchen and toilets) clean without visible evidence of more than one day's accumulation of soil?	1	3	
ES-4 -170	Are all room surfaces (including ceilings) free of peeling paint or plaster, cracks and holes?	1	3	
ES-4 -171	Does lighting in every area (including halls, kitchen, eating areas) feel comfortable for the activities being performed? (Note: If in doubt, DER or the Dept. of Health can check compliance by using the Illuminating Engineering Society's standards for required illumination.)	1	3	
ES-4 -172	Does child prepared art work and teaching material attached directly to the walls cover less than 20% of any wall area and interrupted by walls or windows which would prevent a fire from rapidly encircling the room?	1	3	
ES-4 -173	Does the temperature in each room feel comfortable (i.e., between 65 and 85 F)? (If no, use your thermometer to measure the temperature in any room which feels uncomfortable and record your findings in the explanation section.)	1	3	
ES-4 -174	Is the facility free of loose or frayed electrical wires?	1	3	
N-4 -175	Is a menu posted in an area easily viewed by parents?	1	3	
ES-4 -176	Do trash receptacles in the kitchen and child care areas suggest that debris and soil are limited to one day's accumulation?	1	3	No Trash Receptacles 9 Skip to ES-179
ES-4- -177	Is trash or burnable material stored no closer than one foot to any major heat source (be sure to check stove, furnace, radiator)	1	3	
ES-4 -178	Are indoor trash container areas odor free? (Assess with lid, if any, left on the container.)	1	3	

Explanation of all "No" (3) codes:

Item Number	Explanation

OUTDOOR PLAY AREAS AND PEDESTRIAN SAFETY
OBSERVATIONAL ITEMS: ES-4-179 TO 196

ES-4-179

Are there one or more outdoor play areas routinely used by the program which can be inspected? (Note: the play area used may be part of the facility or located nearby)

ES-4- 179

	Yes	1
Skip to T-4- 194	No	3

CD-4- 180

List the types of outdoor equipment available for use by this site.

CD-4- 180

Check for each of the following conditions. Code responses and explain all "No" (3) answers in the space provided below the list of items.

ES-4		Yes	No	No Such Equipment
-181	Is play equipment free of sharp edges or rusty areas?	1	3	
-182	Is play equipment which needs anchoring securely anchored?	1	3	9
-183	Are all exposed screws or bolts on play equipment capped?	1	3	9
-184	Is play equipment free of exposed hooks and links in which a child's finger could be caught? (Especially "S" type hooks and large link chains.)	1	3	
-185	Is play equipment free of rings or holes which could trap a child's head? (An opening between 5 and 9" is hazardous)	1	3	
-186	Is play equipment free of pinch or crush points which could catch a child's finger or limb? (e.g. hinged joints)	1	3	
-187	Is broken equipment inaccessible to children?	1	3	9
-188	Are swing seats lightweight, flexible and non-cutting?	1	3	9

Explanation of all items coded "No" for ES-4-181 to 188

Item Number	Explanation

Outdoor Play Areas and Pedestrian Safety Cont'd.
Observational Items: ES-4-139 to 196

ES-4		Yes	No	No Such Equipment
-139	Do slides have non-slippery steps and rims or rails to protect slide edges and ladders?	1	3	9
-190	Are climbing structures mounted over non-abrasive, cushioning surfaces (e.g., grass, barkchips, gravel, sand, rubber mats, etc.)?	1	3	9
-191	Are play areas free of places where stagnant water can or does accumulate?	1	3	
-192	Are play areas free of other hazards (e.g., broken glass, sharp protrusions on fences, etc.)?	1	3	
-193	Are play areas surrounded by fences or natural barriers to exclude animals and to limit access of children to hazards?	1	3	
T-4 -194	Are children protected from street traffic where they ride their bikes or trikes?	1	3	9
T-4 -195	Are children protected from street traffic at drop-off and pick-up points used when they come to and from the site?	1	3	
-196	Are outdoor play areas otherwise safe?	1	3	

Explanation of all "No" (3) answers to Items ES-4-139 to 196

Item Number	Explanation

Vehicle Inspection
Observation Items: T-4- 197 to 203

T-4		Yes	No
-197	Is at least one vehicle used to transport children available for inspection during this visit?	1	3 Skip to FA-4-204
-198	Is the vehicle equipped with operable safety carriers or restraints for each child?	1	3
-199	Is at least 13" of seating space and 12" from front to back provided for each occupant of the vehicle?	1	3

Explanation of all "No" (3) answers for Items T-4-197 to 199

Item Number	Explanation

VEHICLE INSPECTION CONT'D.
OBSERVATIONAL ITEMS: T-4-200 TO 203

T-4		Yes	No	
-200	Is the vehicle equipped with a first aid kit?	1	3	Can't Tell 4
-201	Does the vehicle have a current state inspection sticker?	1	3	
-202	Is there a provision for preventing children from opening doors while the vehicle is in motion (e.g., pole locks)?	1	3	
-203	If the vehicle can accommodate more than 6 children (exclusive of the driver and attendants) does it have signs warning other drivers that this vehicle is used to transport children?	1	3	No Such Vehicle 9

Explanation of all "No" (3) answers for items T-4- 200 to 203

Item Number	Explanation

FIRST AID INTERVIEW
ITEMS FA-4-204 TO 206

The following three questions are to be asked of the person identified as trained in first aid. After locating this person, ask each question and record the response verbatim in the spaces provided.

FA-4- 204

A 4½ YEAR OLD CHILD IS STRUCK IN THE FACE BY A BASEBALL. HE IS SITTING ON THE GROUND AND BLEEDING SLIGHTLY FROM THE NOSE. HE TELLS YOU HE FEELS VERY DIZZY. WHAT IS THE FIRST THING YOU WOULD DO?

FA-4- 204

FA-4- 205

WHAT ARE THREE WAYS TO STOP SERIOUS BLEEDING FROM A CUT IN A CHILD'S ARM?

1. FA-4- 205

2.

3.

FA-4- 206

WHAT IS THE FIRST THING YOU WOULD DO FOR AN UNCONSCIOUS PERSON WHO IS LYING ON HIS BACK?

FA-4- 206

REMEMBER TO COMPLETE THE CAREGIVER INTERVIEWS FOR THE TWO CAREGIVERS SELECTED BY THE PERSON IN CHARGE OF THIS SITE.

CLOSING INTERVIEW

Locate and resume the interview with the day care program staff with whom you began the visit

0-4-207

I AM READY TO WRAP UP MY VISIT TODAY. I HAVE LOOKED AT MANY ASPECTS OF THE PROGRAM AT THIS SITE, BUT NOT ALL OF THEM. DO YOU HAVE ANY PROBLEMS (WHETHER COVERED TODAY OR NOT) WITH WHICH YOU WOULD LIKE TO HAVE HELP?

0-4-207

_____

_____

_____

OPTIONAL ITEM

0-4-208

Now that you have completed the entire instrument, think about all the information you have available to you about this site. As the Program Specialist for the site, identify the most urgent issues to be addressed. Who should be involved in addressing these issues?

Issues	Who Should Be Involved?

Name of Program_____ Date_____

PART 4A

CAREGIVER INTERVIEW

Orientation To This Questionnaire:

AS YOU KNOW, I AM COLLECTING INFORMATION ABOUT ALL ASPECTS OF THE DAY CARE PROGRAM CONDUCTED AT THIS SITE. THE INFORMATION WILL BE USED TO IDENTIFY THE STRONG AREAS OF THE PROGRAM AND THE AREAS IN WHICH THE PROGRAM NEEDS TO IMPROVE. THE QUESTIONS I WILL ASK YOU ARE ABOUT ADMINISTRATIVE AND SUPERVISORY PROCEDURES WHICH AFFECT YOU OR YOUR POSITION. THE SAME QUESTIONS WILL BE ASKED OF ANOTHER CAREGIVER AT THIS CENTER. YOUR ANSWERS WILL BE COMBINED WITH THE OTHER CAREGIVER'S ANSWERS WHEN THE INFORMATION IS EXAMINED. PLEASE TRY TO ANSWER AS FRANKLY AS YOU CAN. FEEL FREE TO EXPLAIN YOUR ANSWERS OR INDICATE THAT YOU DO NOT KNOW IF YOU ARE NOT SURE.

0-4A-001

HOW LONG HAVE YOU WORKED FOR THIS AGENCY?

0-4A-001

Years	Months

0-4A-002

DURING THE TIME YOU HAVE WORKED FOR THIS AGENCY, HAVE YOU ALWAYS WORKED IN THIS POSITION AND AT THIS SITE?

0-4A-002

If no, explain_____

	Yes	1
Explain	No	2

A-4A-003*

HOW DID YOU FIND OUT ABOUT THE JOB BEING AVAILABLE WHEN YOU APPLIED FOR IT?

A-4A-003

If other, specify

Posted notice	1
Newspaper, radio, TV ad	2
Mentioned by someone who knew about it	3
Contacted by the agency directly	4
Other (specify)	

A-4A-004*

AS FAR AS YOU KNOW, HAVE THERE BEEN ANY SORT OF PUBLIC ANNOUNCEMENTS ABOUT VACANT POSITIONS AT THIS CENTER?

A-4A-004

Yes	1
No	3
No Vacancies	4
Not sure	5

A-4A-005*

HAVE YOU HAD AN OPPORTUNITY TO READ AN OFFICIAL STATEMENT OF THE GOALS AND OBJECTIVES FOR THE DAY CARE PROGRAM CONDUCTED AT THIS CENTER?

A-4A-005

	Yes	1
Skip to	No	3

A-4A-006*

WHAT IS THE NAME OF THE OFFICIAL STATEMENT YOU READ OR IN WHAT DOCUMENT WAS IT FOUND?

Name of Document

A-4A-006

Don't Know	4

A-4A-007

HAVE YOU SEEN A COPY OF THE ORGANIZATIONAL CHART FOR STAFF AT THIS SITE?

A-4A-007

Yes	1
No	3

A-4A-008*

WHEN, IF AT ALL, DID YOU RECEIVE A COPY OF THE AGENCY'S PERSONNEL POLICIES?

A-4A-008

Before hiring	Code all that apply	1
Before beginning work		2
After beginning work		3
Don't recall		4
Never		5

A-4A-009-013

BEFORE YOU BEGAN WORKING IN THIS PROGRAM, WHICH, IF ANY OF THE PROCEDURES I NAME TO YOU WERE INCLUDED IN YOUR ORIENTATION TO YOUR JOB?

If other specify

A-4A

		Yes	No	
OBSERVATION OF CAREGIVING ACTIVITIES	Code Each	1	3	-009
PARTICIPATION IN CAREGIVING ACTIVITIES		1	3	-010
FILMS		1	3	-011
READING MATERIALS		1	3	-012
DISCUSSIONS WITH STAFF MEMBERS		1	3	-013
OTHER (SPECIFY)				

A-4A-014

DID YOU RECEIVE A LETTER OF EMPLOYMENT OR FORMAL CONTRACT?

A-4A-014

	Yes	1
Skip to A-4A-018	No	3

A-4A-015-017

DID YOUR CONTRACT INCLUDE YOUR:

A-4A

	Yes	No	Don't Know	
STARTING DATE?	1	3	4	-01
STARTING SALARY?	1	3	4	-01
JOB TITLE?	1	3	4	-01

A-4A-018*

WHEN, IF AT ALL, DID YOU RECEIVE A COPY OF YOUR JOB DESCRIPTION?

A-4A-018

		Code all that Apply	
	Before hiring		1
	Before beginning work		2
	After beginning work		3
	Don't recall		4
Skip to A-4A-020	Never		5

A-4A-019

HOW, IF AT ALL, HAVE YOU BEEN INFORMED ABOUT ANY SUBSEQUENT CHANGES OR ADDITIONS TO YOUR DUTIES WHICH WERE NOT SPECIFIED IN YOUR WRITTEN JOB DESCRIPTION?

Record response_____

A-4A-019

No new duties	1
Don't recall	2

A-4A-020

DO YOU RECEIVE COMPENSATORY TIME OR OVERTIME PAY FOR WORK YOU DO IN EXCESS OF REGULAR WORK HOURS?

A-4A-020

Yes	1
No	3
No overtime worked	4
Don't know	5

A-4A-021

DO YOU RECEIVE YOUR PAY CHECK ON TIME?

If no, explain_____

A-4A-021

	Yes	1
Explain	No	3

A-4A-022

DID THIS DAY CARE PROGRAM PROVIDE YOU WITH ANY TRAINING IN CAREGIVING, EITHER FORMALLY OR INFORMALLY?

A-4A-022

	Yes	1
Skip to A-4A-027	No	3

A-4A-023

WHAT WAS THE NATURE OF THE TRAINING--THAT IS, WHO CONDUCTED IT?

_____ A-4A-023a

WHAT TOPICS WERE COVERED?

_____ A-4A-023b

A-4A-024

ARE YOU SATISFIED WITH THE WAY TRAINING IS MADE AVAILABLE TO YOU?

If no, explain_____

A-4A-024

	Yes	1
Explain	No	3

A-4A-025

DO YOU HAVE A SAY IN WHETHER OR NOT YOU WILL TAKE PART IN TRAINING?

A-4A-025

Always	1
Sometimes	2
Never	3

A-4A-026

HOW USEFUL HAS THE TRAINING YOU HAVE RECEIVED BEEN TO YOU IN HELPING YOU DO YOUR JOB?

A-4A-026

Very	1
Somewhat	2
Little	3
Not at all	4

A-4A-027 *

HAS YOUR WORK FOR THIS AGENCY EVER BEEN EVALUATED?

A-4A-027

	Yes	1
Skip to A-4A-031	No	3

A-4A-028*

HAS YOUR WORK BEEN EVALUATED IN THE PAST YEAR?

A-4A-028

	Yes	1
Skip to A-4A-031	No	3

A-4A-029*

WAS THE EVALUATION ORAL, WRITTEN OR BOTH?

A-4A-029

Skip to A-4A-031	Oral	1
	Written	2
	Both Oral and Written	3

A-4A-030*

HAVE YOU HAD AN OPPORTUNITY TO:

A-4A- 030

	Code Each	Yes	No
DISCUSS YOUR EVALUATION WITH THE PERSON WHO WROTE IT?		1	3
READ YOUR EVALUATION?		1	3
SIGN YOUR EVALUATION?		1	3

A-4A-031

WHICH, IF ANY, OF THE WAYS I MENTION TO YOU CAN YOU USE TO MAKE YOUR SUGGESTIONS AND CONCERNS ABOUT YOUR JOB OR THE PROGRAM KNOWN TO THE PROGRAM ADMINISTRATORS?

A-4A- 031

If other, specify

_____
_____
_____
_____
_____

	Code Each	Yes	No	Don't Know
A SUGGESTION BOX		1	3	5
SIGNED, WRITTEN PROPOSALS OR MEMORANDA		1	3	5
DISCUSSIONS AT REGULAR STAFF MEETINGS		1	3	5
INFORMAL CONVERSATIONS WITH SUPERVISOR		1	3	5
INFORMAL CONVERSATIONS WITH OTHER CAREGIVERS		1	3	5
OTHER (specify)				

A-4A-032

IS THERE A GRIEVANCE PROCEDURE AVAILABLE FOR YOU TO FOLLOW WHEN YOU FEEL SOME DECISION MADE BY OTHERS IN THE PROGRAM AFFECTS YOU UNFAVORABLY?

A-4A-.032

	Yes	1
Skip to A-4A-034	No	3
	Don't know	4

A-2A- 033

WHAT WOULD YOU DO TO INITIATE A GRIEVANCE?

A-4A-033

_____
_____
_____

A-4A-034

WHAT, IF ANY ONE THING DO YOU FEE SHOULD BE DONE TO MAKE CHILD CARE AT THIS SITE BETTER?

A-4A-034

_____
_____

END OF INTERVIEW

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THANK YOU FOR YOUR HELP IN ANSWERING THESE QUESTIONS. YOUR INPUT WILL BE COMBINED WITH ALL THE OTHER INFORMATION COLLECTED ABOUT YOUR PROGRAM AND REPORTED BACK TO THE PROGRAM AS A LIST OF STRENGTHS AND WEAKNESSES. YOUR COOPERATION HELPS TO WORK TOWARD BETTER PROGRAMS FOR CHILDREN IN PENNSYLVANIA.